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Holland & Knight LLP
Requester's Name
315 So. Calhoun Street, Suite 600
Address
Tallahassee, FL 32301 425-5675
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Outdoor Escapes, Inc Amend
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 300003500033--7
-12/13/00--01082--001
*****70.00 *****35.00

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☒ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials DR

12/13/00

FILED
00 DEC 13 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Connie Shivers, hereby resign as Secretary / Treasurer
(Title)

of Outdoor Escapes, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Connie Shivers
(Signature of resigning officer/director)

FILING FEE IS \$35.00