P07000093838

(Re	equestor's Name)	
. (Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-ÜP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
. (Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
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Dp/DW Resign

10 HAY 19 AM 11: 04

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Getcha Sum Airboat Adventures, Inc
(Name of Corporation)
DOCUMENT NUMBER: P07000093838
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel Pollard
(Name of Person)
Getcha Sum Airboat Adventures,Inc
(Name of Firm/Company)
P.O. Box 574
(Address)
Lake Placid, FI 33862
(City/State and Zip Code)
For further information concerning this matter, please call:
Samuel Pollard at ()863 441-0740
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_I Selena Pollard	, hereby resign as Vice-President	
"	, notody tosign as	(Title)
of Getcha Sum Airboat Adventu	res, Inc .	
(Name	e of Corporation)	······································
P0700093838 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida		٠
	May Follow (Signature of resigning officer/director)	THE SEE PLONGS
	FILING FEE IS \$35.00	
	<i>f</i>	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314