

P15000019477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 APR 17 AM 9:17

Amend  
@ 4.20.15

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Business Adventures Inc.

DOCUMENT NUMBER: P15000019477

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Rohm Sr.  
Name of Contact Person

Business Adventures Inc.  
Firm/ Company

9865 Beach Blvd. Unit 2  
Address

Jacksonville FL 32246  
City/ State and Zip Code

businessadventures2015@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Rohm Sr. at (904) 237-4811  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2015

WILLIAM ROHN, SR.  
BUSINESS ADVENTURES INC.  
9865 BEACH BLVD - UNIT 2  
JACKSONVILLE, FL 32246

SUBJECT: BUSINESS ADVENTURES INC.  
Ref. Number: P15000019477

We have received your document for BUSINESS ADVENTURES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 815A00006970

RECEIVED

15 APR 17 AM 10:34

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Business Adventures Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000019477

(Document Number of Corporation (if known))

FILED  
SECRETARY OF CORPORATION  
2015 APR 17 AM 9:17

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation  
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the  
word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                     |                              |
|---|----------|---------------------|------------------------------|
| 1) <input type="checkbox"/> Change      | <u>S</u> | <u>Myra Cook</u>    | <u>9865 Beach Blvd</u>       |
| <input checked="" type="checkbox"/> Add |          |                     | <u>Unit 2</u>                |
| <input type="checkbox"/> Remove         |          |                     | <u>Jacksonville FL 32246</u> |
| 2) <input type="checkbox"/> Change      | <u>T</u> | <u>Felicia Rohn</u> | <u>4865 Beach Blvd.</u>      |
| <input checked="" type="checkbox"/> Add |          |                     | <u>Unit 2</u>                |
| <input type="checkbox"/> Remove         |          |                     | <u>Jacksonville FL 32246</u> |
| 3) <input type="checkbox"/> Change      | _____    | _____               | _____                        |
| <input type="checkbox"/> Add            |          |                     | _____                        |
| <input type="checkbox"/> Remove         |          |                     | _____                        |
| 4) <input type="checkbox"/> Change      | _____    | _____               | _____                        |
| <input type="checkbox"/> Add            |          |                     | _____                        |
| <input type="checkbox"/> Remove         |          |                     | _____                        |
| 5) <input type="checkbox"/> Change      | _____    | _____               | _____                        |
| <input type="checkbox"/> Add            |          |                     | _____                        |
| <input type="checkbox"/> Remove         |          |                     | _____                        |
| 6) <input type="checkbox"/> Change      | _____    | _____               | _____                        |
| <input type="checkbox"/> Add            |          |                     | _____                        |
| <input type="checkbox"/> Remove         |          |                     | _____                        |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach *additional sheets, if necessary*). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/14/15

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

William Rohn Sr.  
(Typed or printed name of person signing)

President  
(Title of person signing)