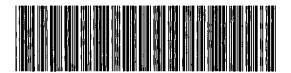
P15000019477

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	-
PICK-UP	WAIT	MAIL MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
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BIVISION OF EURPORABRU.

ODIRES 005/27/15

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Business Adventures Inc.	_
DOC	(Name of Corporation) MENT NUMBER: P15000019477	
	closed Officer/Director Resignation for a Corporation and fee are submitted for fi	– Iing
Please	return all correspondence concerning this matter to the following:	
Wil	iam Rohn Sr	
	(Name of Person)	
Bus	iness Adventures Inc	
	(Name of Firm/Company)	
986	5 Beach Blvd Unit 2	
	(Address)	
Jac	ksonville, FL 32246	
	(City/State and Zip Code)	
For fu	ther information concerning this matter, please call:	
Wil	(Name of Person) at (904) 237-4811 (Area Code & Daytime Telephone Number	
	(Name of Person) (Area Code & Daytime Telephone Number	r)
Enclo	ed is a check for \$35.00 made payable to the Florida Department of State.	

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} <u>Susan G. Warren</u>	, hereby resign as VP (Title)
_{of} Business Adventu	
	me of Corporation)
P15000019477 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

ALL HAY 21 PM 3: 16

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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