## P000000001519

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORAT	MION: Prest	ige Trave	l Syst	ems, Inc.	
DOCUMENT NUMBER	t:	0067519			
The enclosed Articles of A	Amendment and fee are sub	mitted for filing.			
Please return all correspon	ndence concerning this mat	er to the followir	ıg:		
	P	amela Eva	ns		
		Name of Conta	act Person		
	Presti	stige Travel Systems, Inc.			
		Firm/ Company			
	2803	2803 W. Busch Blvd., Suite 100			
Address				_	
Tampa, Florida 33618				8	
		City/ State and	Zip Code		
	pam@go	prestiget	ravel.	com	
	E-mail address: (to be use				
	oncerning this malter, please		012	200 7772 out 270	
Name of Contact Person		at (	Area Code	289-7772 ext. 370 & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p				
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	рy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendi Division P.O. Bo	z Address ment Section n of Corporations ox 6327 ssee, FL 32314		Division Clifton E 2661 Exc	ent Section of Corporations	

## Articles of Amendment to Articles of Incorporation of

11 St. 1999	1860 B
14 JUN 13	16.95 Mic
	14.23

	<u> Fravel System</u>	orida Dept. of State)
(Name of Corporation as cur	rently filed with the Fl	orida Dept. of State)
P000000		
(Document Nu	mber of Corporation (1f	known)
arsuant to the provisions of section 607.1006 Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name	of the corporation:	
		The new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,	i "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
Enter new principal office address, if ap		2803 W. Busch Blvd.
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u> )	Suite 100
		Tampa, FL 33618
		14mpa, 11 00010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2803 W. Busch Blvd.
		Suite 100
		Tampa, FL 33618
If amending the registered agent and/or new registered agent and/or the new reg		
Name of New Registered Agent		ns (no change)
		sch Blvd., Suite 100
	(Florida stre	
	Tampa	. Florida 33618
New Registered Office Address	ταπρα	

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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		<del>_</del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		<del></del>		
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
11, 141, 141, 151, 151, 151, 151, 151, 1	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	

The date of each amendment(s) ad	option:06/01/2014	if other than the
date this document was signed.		
Effective date if applicable:	06/01/2014	
<u> </u>	(no more than 90 days after amendment file date)	···
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
X The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	06/10/2014	
Signature	antaladeala	<del></del>
. ,	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
ц,,,		
	Anita LaScala	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	