

PD3000012758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

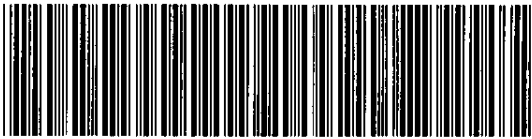
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03/05/09--01025--003 **43.75

*Amend
Tweets
3-6-09*

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: UNIVERSAL VACATIONS CAPE CORAL INC

DOCUMENT NUMBER: P03000012758

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

Please return all correspondence concerning this matter to the following:

DALLAS HAMBLETON
(Name of Contact Person)

UNIVERSAL VACATIONS CAPE CORAL INC
(Firm/ Company)

4905 CHIQUITA BLVD STH / STE 102
(Address)

CAPE CORAL FL33914-8907
(City/ State and Zip Code)

For further information concerning this matter, please call:

DALLAS HAMBLETON at (239) 633 0062
(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:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 MAR -5 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIVERSAL VACATIONS CAPE CORAL, INC. ■

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

P03000012758 ■

(Document Number of Corporation (if known))

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**)

4905 CHIQUITA BLVD STH / STE 102

CAPE CORAL ■

FLORIDA 33914-8907

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

4905 CHIQUITA BLVD STH / STE 102

CAPE CORAL

FLORIDA 33914-8907

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: _____

New Registered Office Address: _____

(Florida street 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIRECTOR</u> <input checked="" type="checkbox"/>	<u>DALLAS HAMBLETON</u>	<u>9720 COMMERCE CENTER CT</u> <input type="checkbox"/> Add <u>FT MYERS FL 33908</u> <input checked="" type="checkbox"/> Remove	
<u>PRESIDENT</u> <input checked="" type="checkbox"/>	<u>DALLAS HAMBLETON</u>	<u>4905 CHIQUITA BLVD STH</u> <input checked="" type="checkbox"/> Add <u>/STE 102</u> <input type="checkbox"/> Remove <u>CAPE CORAL FL 33914-8907</u>	
<u>VP</u>	<u>STEVE HARE</u>	<u>4905 CHIQUITA BLVD STH</u> <input checked="" type="checkbox"/> Add <u>/STE 102</u> <input type="checkbox"/> Remove <u>CAPE CORAL FL 33914-8907</u>	

E. If amending or adding additional Articles, enter change(s) here:

(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)

The date of each amendment(s) adoption: MARCH 1ST 2009


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 3.1.09

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)

DALLAS HAMBLETON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)