T19000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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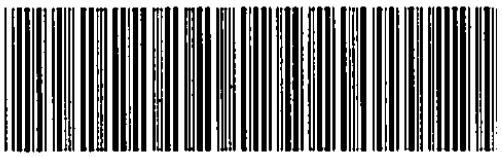

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K SALY

OCT - 7 2019

Holiday
Club Vacat
INCORPORA

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Trademark Assignment (T19000000060, T19000000061, T19000000491, T19000000498, T1900000

To Whom It May Concern:

Orange Lake Country Club, Inc. the registered owner of five trademarks (T19000000060, T19000(T19000000491, T19000000498, T19000000499), legally changed its name to Holiday Inn Club Vacations Incorporated on August 19, 2019. The principal office address of the corporation has als changed from 8505 W Irlo Bronson Memorial Hwy, Kissimmee, Florida 34747 to 9271 S. John Y(Pkwy, Orlando, Florida 32819. The corporation has also redomiciled in Delaware.

Please find enclosed the Assignment of Mark Registration for each of the above trademarks. Pleas(find enclosed a check in the amount of $400.00 for the assignment of all five trademarks.

Thank you for the review of the Assignments. Should you have any further questions or require fur information, please do not hesitate to contact me at JKral@holidayinnclub.com or 407-395-6570.

Sincerely,

Jordan Kral
Director of Legal Services

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tower Arcade
(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Kral
(Name of Person)

Holiday Inn Club Vacations Incorporated
(Firm/Company)

9271 S. John Young Pkwy
(Address)

Orlando, Florida 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Jordan Kral at (407) 395-6570
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: $50 per class

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: Tower Arcade

2. Registration Number: T19000000060

3. (a) Assignor's name: Orange Lake Country Club, Inc.

   (b) Assignor's Business Address: 8505 W. Irlo Bronson Memorial

   Kissimmee, Florida 34747
   City/State/Zip

   If Different, Assignor's Mailing Address: _____

   _____
   City/State/Zip

4. (a) Assignee's name: Holiday Inn Club Vacations Incorporat

   (b) Assignee's Business Address: 9271 S. John Young Pkwy

   Orlando, Florida 32819
   City/State/Zip

   If Different, Assignee's Mailing Address: _____

   _____
   City/State/Zip

   (c) Assignee's telephone number: (407) 395-6904

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Limited Liabili

☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If other than an individual,

(1) Florida registration/ document number: F19000001163 (2) Domicile State: De

(3) Federal Employer Identification Number: 58-1434701

5. All right, title and interest in and to said mark, together with the good will of the business in wh used (or that part of the good will of the business connected with the use of and symbolized by the

assigned by Orange Lake Country Club, Inc. to Holiday Inn Club Vacations In
(the Assignor) (the Assignee)

6. Assignor's Signature: _____

By Michael Thompson
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 30th day of August 2019, Michae
(Name of Ind

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Notary Seal)

NINA M PALLATT
Notary Public - State of Florida
Commission # GG 032245
My Comm. Expires Nov 7, 2020
Bonded through National Notary Assn.

_____
Signature of Notary Public

7. Assignee's Signature: _____

By Michael Thompson
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 30th day of August, 2019, Michael Th
(Name of Indiv

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Notary Seal)

NINA M PALLATT
Notary Public - State of Florida
Commission # GG 032245
My Comm. Expires Nov 7, 2020
Bonded through National Notary Assn.

_____
Signature of Notary Public

FILING FEE: $50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314