## 151049

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Resort World of Orlando	o, Inc.	
DOCUMENT NUMBER: 757049		
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Suzanne Hickey		
<del></del>	Contact Person)	
Legacy Vacation Club, LLC		
<del></del>	n/ Company)	
8451 Palm Parkway		
(	Address)	
Lake Buena Vista, FL 32836		
(City/ Sta	te and Zip Code)	
suzanne.hickey@legacyvacationclub.com E-mail address: (to be used for	future annual report	notification)
		,
For further information concerning this matter, please call	:	
Anthony J. Picciano	at ( <u>407</u>	) 997-3000
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Depa	artment of State:
(A	43.75 Filing Fee & entified 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

Resort World of Orlando, Inc.				
(Name of Corpo	ration as currently fi	<u>iled with the Florida I</u>	Dept. of State)	
757049				
	nt Number of Corpora	tion (if known)		
Pursuant to the provisions of section 617. following amendment(s) to its Articles of	.1006, Florida Statutes	,	Profit Corporation add	opts the
A. If amending name, enter the new na	ame of the corporatio	<u>on:</u>		
The new name must be distinguishable ar "Corp." or "Inc." "Company" or "Co."	" may not be used in t	corporation" or "incor he name.	porated" or the abbrev	riation
B. Enter new principal office address, (Principal office address MUST BE A S				
Trinsquit office and ess steel bearing	TREET ADDRESS )			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>				11 DEC   9 AM 8: 25
D. If amending the registered agent an	d/or registered office	address in Florida, e	nter the name of the	
new registered agent and/or the new	v registered office ad	dress:		=
Name of New Paristaned trans	Anthony J. Picciano			ထဲ
Name of New Registered Agent:	Aththony 5. I rectano			25
	8451 Palm Parkway			-
New Registered Office Address:	(F	lorida street address)		
	Lake Buena Vista		, Florida_32836	
		(City)	(Zip Cod	de)
N. D. L. L. M. O				
New Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered A	i <mark>gent:</mark> ilian with and accept th	na obligations of the mi	rition
nervey accept the appointment as registe	erea ageni. Tani janii	nai win ana accept in	e ornganons of the pos	шон.
	<del>/</del>	1		
Sign	nature of New Register Anthony J. P	red Agent, if changing		

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)		<u>Name</u>		<u>Address</u>	
1) <u>DP</u>	Jared	M. Meyers		I Palm Parkway ke Buena Vista, FL 32836	
			<u>Lai</u>	te Buena Vista, FL 32836	
2) <u>DVPT</u>	Antho	ony J. Picciano	84	51 Palm Parkway	
			<u>La</u>	ke Buena Vista, FL 32836	
3) DS	Damo	ola Aré	84.	51 Palm Parkway	<del>-</del>
		-	La	ke Buena Vista, FL 32836	<del></del>
4)					
, <u> </u>					
5)					
·/	·				
0			<del></del>		<del></del>
6)					
<u>If REMOVI</u>	NG an officer and/	or director, please list t	he title(s) and na	me of the officer/director to l	<u>se_removed:</u>
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1) <u>S</u>	Jared M. Meyo	ers	4)		
2)			5)		<u> </u>
3)			6)		

L. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)	,			
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Ťhé	date of each amendment(s) adoption: 09/30/11
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
Ada	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 12/16/4
	Signature Quel
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JARED M. MEYERS
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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