## 768946

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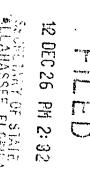
**TO:** Amendment Section Division of Corporations

- · · · · · · · · · · · · · · · · · · ·			
NAME OF CORPORATION: Vacation Inc	Resort of the	e Palm Beaches, Inc	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Diane Spears			
(	Name of Contact Person	)	
Vacation Inn Resort of the	e Palm Bea	aches, Inc	
	(Firm/ Company)		
6500 N. Military Trail, Off	ice		
	(Address)		
West Palm Beach, FL 33	407		
	City/ State and Zip Code	e)	
viresortmanager@	comcast.n	et	
E-mail address: (to be used			
For further information concerning this matter, please of	all:		
Diane Spears at 561 848-6170			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:	
\$35 Filing Fee \$\bigcip \bigcip \\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address			
Amendment Section		lment Section	
Division of Corporations P.O. Box 6327		on of Corporations  Building	
Tallahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Vacation Inn Resort of the Palm Bea	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amonding the project and a mark and/an unsistened affin	adduse in Florida estantha some of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent:	
THE STATE OF THE S	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature of New Regis	tered Agent, if changing
	Page 1 of 4



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 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 X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	TD	Paul Pagnuelo	6500 N. Military Trail
Add			West Palm Beach, FL 33407
X Remove			
2) Change	TD	Serge Marcoux	6500 N. Military Trail
X Add			West Palm Beach, FL 33407
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
C) C!			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)		
		 	<del> </del>
	·	 	
	····	 	
		 <u></u>	

The	e date of each amendment(s) adoption: 11/20/12
	ective date if applicable: 11/20/12
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Signature    Signature   Signa
	Floyd Maynard
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)