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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Cruise and Vacation Shoppes, Inc.				
DOCUMENT NUMBE	BER:F02000003354				
The enclosed Articles of	f Amendment and fee	are submitted for filing.			
Please return all correspondent	ondence concerning th	is matter to the following:			
	Adam Friedman				
	ľ	Name of Contact Person			
Extraordinary Vacations USA, Inc.					
		Firm/ Company			
2690 Weston Road, Suite 200					
		Address			
		eston, Florida 33331			
	C	City/ State and Zip Code			
	E-mail address: (to be use	iance@nxoi.com ed for future annual report notification)			
For further information of	concerning this matter,	please call:			
	Friedman		88-9779		
Name of Con	tact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for t	he following amount n	nade payable to the Florida Depar	tment of State:		
☑ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2011

ADAM FRIEDMAN 2690 WESTON RD STE 200 WESTON, FL 33331

SUBJECT: CRUISE AND VACATION SHOPPES, INC.

Ref. Number: F02000003354

We have received your document for CRUISE AND VACATION SHOPPES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 011A00020225

RECEIVED
11 SEP 14 AM 8: 10
SETAMORY SEE, FOORIGE

www.sunbiz.org

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F02000003354
(Document number of corporation (if known)

1. CRUISE AND VAGATION SHO (Name of corporation as it appears on the rec	PPES, INC.	
(Name of corporation as it appears on the rec	ords of the Department of State)	
2. DELAWALE (Incorporated under laws of)	3. Onte authorized to do business in	Florida)
SECTION 1 (4-7 complete only the app		
4. If the amendment changes the name of the corporation, when its jurisdiction of incorporation?		
5. EXTRA OLD INABY VACATIONS (Name of corporation after the amendment, adding suffix "co	USA, INC.	
(Name of corporation after the amendment, adding suffix "co appropriate abbreviation, if not contained in new name of the	rporation," "company," or "incorp	porated," or
appropriate above viation, is not contained in new name of the	c corporation)	
(If new name is unavailable in Florida, enter alternate corpora	dented for the second	Canada Salaharan
business in Florida)	te name adopted for the purpose o	r transacting
If the amendment changes the period of duration, indicate ne	w period of duration.	
(New duration)	
7. If the amendment changes the jurisdiction of incorporation, in	ndicate new jurisdiction.	
(New jurisdiction	n)	
8. Attached is a certificate or document of similar import, evide 90 days prior to delivery of the application to the Department having custody of corporate records in the jurisdiction under	ncing the amendment, authenticate of State, by the Secretary of State the laws of which it is incorporate	ed not more than or other official d.
(Signature of a director, president or other officer - if in the hands		
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary		
(Typed or printed name of person signing)	DIRECTOR (Title of person signing)	_
(1) hea or bringer name or berson signing)	(rine or beigon signing)	

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CRUISE AND VACATION SHOPPES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EXTRAORDINARY VACATIONS USA, INC.", THE NINETEENTH DAY OF AUGUST, A.D. 2004, AT 3:32 O'CLOCK P.M.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9127375

DATE: 11-01-11