

F06000000431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

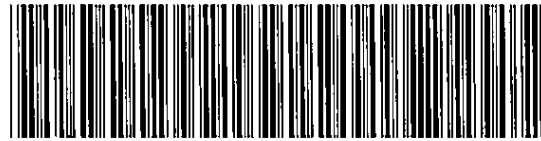
(Document Number)

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NOV 17 2023

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See 5/17/24 Statement of Fact

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2023 NOV 17 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 NOV 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WYn D HAM world wide operations Inc
Name of Corporation

DOCUMENT NUMBER: FO 6 000000 431

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following.

Michael Pollard
Name of Contact Person

WYn D HAM world wide operations Inc
Firm/Company

6277 Sea Harbor Drive
Address

Orlando, FL 32821
City/State and Zip Code

milke Pollard 3030 gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

FO60000003 4131

(Document number of corporation (if known))

1. WYNDHAM WORLDWIDE OPERATIONS INC
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 01-24-2006
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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 _____

(Florida street address)

New Registered Office 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.

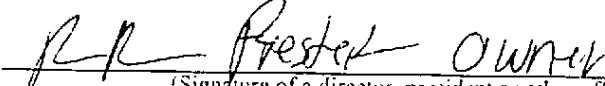
Signature of New Registered Agent, if changing

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STATE DEPARTMENT OF REVENUE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Michael Brown, D</u>	<u>6277 Sea Harbor Dr Orlando FL 32821</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Michael Thomas Duncan</u>	<u>6277 Sea Harbor Dr Orlando FL 32821</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>CAIufetti Karen</u>	<u>6277 Sea Harbor Dr Orlando FL 32821</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Hollingshead Joseph M</u>	<u>6277 Sea Harbor Dr Orlando FL 32821</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P, T, D</u>	<u>Michael Pollard</u>	<u>3475 South Las Vegas Blvd Las Vegas NV 89109</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
<u>Michael Pollard owner Preside</u> (Typed or printed name of person signing)	<u>owner President</u> (Title of person signing)

FILING FEE \$35.00