F14000004234

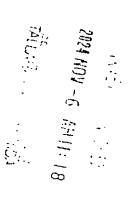
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
NOV - 7 2024

Office Use Only



600439048736

FILED AMII: 41



ACCOUNT NO. : 12000000195 REFERENCE : ACCOUNT NO. : 12000000195 AUTHORIZATION : \$ 35.0
ORDER DATE : 11/06/24
ORDER TIME :
ORDER NO. :
CUSTOMER NO:
FOREIGN FILINGS
NAME: Wyndham Vacation Management, Inc.
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON:

EXAMINER:

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons		
_{subject:} Wyr	ndham Vacation Ma	nagement, I	nc.	
		of Corporation		
DOCUMENT NU	MBER: F14000004234	·	· - ·	
The enclosed Amer	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
Stacey Jag	gielski			
	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Travel + Le	eisure Co.			
	Firm/Company			
6277 Sea	Harbor Drive			
	Address			
Orlando, F	L 32821			
	City/State and Zip Code			
E-mail addre	ss: (to be used for future annual r	eport notification)		
For further informa	ntion concerning this matter, pleas	se call:		
Stacey Jag	gielski	at (726-36	94
Name	of Contact Person	Area Code &	è Daytime T	elephone Number
Enclosed is a check	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filin 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

F14000004234

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)

3

(Docur	ment number of corporation (if known)	2. 石
Wyndham Vacation Management, Inc.		-
(Name of corporation a	as it appears on the records of the Department of Sta	nte) 📜 🔾
Delaware	3. 10/07/2014	
(Incorporated under laws of)	(Date authorized to do	business in Florida)
(4-7 COMPLE	SECTION II TE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation? September 30, 2024	on, when was the change effected under the laws of	its jurisdiction of
5. Vacation Resort Management, Inc. (Name of corporation after the amendment, adding some contained in new name of the corporation)	suffix "corporation," "company," or "incorporated,"	or appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternat 6. If the amendment changes the period of duratio		eting business in Florida)
	(New duration)	
7. If the amendment changes the jurisdiction of in	(New jurisdiction)	
8. If the amendment changes the jurisdiction of organ	ization, indicate new jurisdiction:	
9. If the amendment changes person, title or capacity in	accordance with 607.1504 (4), indicate that change:	

Title/ Capacity .	<u>Name</u>	Address Ty	e of Action
· - -			_ 🗆 Add
	_		□Remove
			_ □Add
			_ □Remove
			_ □Add
	_		_ □Remove
			_ □Add
	_		□Remove
			_ 🗆 Add
	_		Remove
. Attached is a c of the application under the laws	ertificate or document of similar import, evident on to the Department of State, by the Secretary of of which it is incorporated. Docusigned by:	cing the amendment, authenticated not mor State or other official having custody of cor	e than 90 days prior to deliver porate records in the jurisdiction
	Stacy Jazilski CADATHISANO (Signature of a director. pi	resident or other officer - if in the hands of	
Stacey Jagie		appointed fiduciary, by that fiduciary) Assistant Secretary	
	Typed or printed name of person signing)	(Title of person si	gning)

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WYNDHAM VACATION MANAGEMENT, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "VACATION RESORT MANAGEMENT, INC." ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2024, AT 6:48 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 204798935

Date: 11-05-24

COVER LETTER

	ent Section Division of Corporation		
subject: Wyl	ndham Vacation Ma	anagement, Inc.	
DOCUMENT NO	MBER: F14000004234	e of Corporation	
		Glina	.
	ndment and fee are submitted for	•	
Please return all co	rrespondence concerning this ma	itter to the following:	
Stacey Jag	gielski		
	Name of Contact Person		
Travel + L	eisure Co.		
	Firm/Company		
6277 Sea	Harbor Drive		
0217 000	Address	<u>.</u>	
Orlando, F	1 32821		
Oriando, i	City/State and Zip Code		
	City/State and Zip Code		
			
E-mail addre	ss: (to be used for future annual r	eport notification)	
	ation concerning this matter, plea	se call:	
Stacey Jag	·	at (407)726-36 Area Code & Daytime 1	594
Name	of Contact Person	Area Code & Daytime	Felephone Number
Enclosed is a check	k for the following amount:		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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