# 534083

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er) ,
Certified Copies Certifica	ates of Status
Special Instructions to Filing Officer:	
	,





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### **COVER LETTER**

NAME OF CORPORATION: Resort Marketing Consultants, Inc.

DOCUMENT NUMBER: J 34 083

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angella Brucellaria
Name of Contact Person

Sea Palace
Firm/Company

407 Flagler Ave
Address

New Smyrna Beach, Fl 32169

City State and Zin Code

For further information concerning this matter, please call:

Angella Brucellaria at (384) 402-4074
Nanie of Contact Person Area Code & Daytime Telephone Number

Onnibellenick@mac.com
E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

S52.50 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



November 13, 2009

RESORT MARKETING CONSULTANTS, INC. P.O. BOX 2092 NEW SMYRNA BEACH, FL 32170-2092

SUBJECT: RESORT MARKETING CONSULTANTS, INC.

Ref. Number: J34083

We have received your document for RESORT MARKETING CONSULTANTS, INC. and your check(s) totaling \$1658.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The annual report/reinstatement application must be signed by an officer or director of the corporation.

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

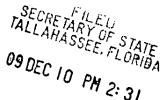
In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 009A00035560

Tina D Cauley Regulatory Specialist II

# Articles of Amendment to Articles of Incorporation



Resort Marketin	y Consulta	nts, Inc	1,4 5:3
(Name of Corporation as curren	the filed with the Florid	a Dept. of State)	
J 34083			
(Document Numb	per of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Torida Profit Corporation adopts	the following
A. If amending name, enter the new name of t	the corporation:		,
Resort Marketing Consultary name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "professional and the contain the word "chartered," "professional".	designation "Corp," "Inc	c," or "Co". A professional corp	he new or the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u> )		
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the name of the	
Name of New Registered Agent:		-	
New Registered Office Address:	(Florida street d	address)	
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: ent. I am familiar with a	and accept the obligations of the p	osition.
Six	gnature of New Registere	ed Agent, if changing	

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)

<u>Title</u>	Name	Address	Type of Action
AD	Brucellaria, Angella	37225. AHL. Ave. New Smyrna Bch Fl., 32469	Add Remove
AD_	Brucellaria, John	3722 S Att. Ave Newsmyrna Bch FL 32169	☑ Add ☐ Remove
	,		Add Remove
E. <u>If ame</u> (attach	nding or adding additional Articles, enter additional sheets, if necessary). (Be specif	change(s) here: (ic)	
			· · · · · · · · · · · · · · · · · · ·
provi	amendment provides for an exchange, reclasions for implementing the amendment if the following the applicable, indicate N/A)	assification, or cancellation of iss not contained in the amendment	sued shares, itself:

The date of each amendment(	s) adoption: 11 - 10 - 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
ruecuve date <u>it applicable;</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder
action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	12/7/09
selec	a director, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court
иррс	ointed fiduciary by that fiduciary)
	Angella Brucellaria (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Assistant Director
	(Title of person signing)