# ~ L02000000322 Manage Physics

Vacations Warehouse LLC 3233 Boxelder St Deltona, Florida 32725 Ph 386-789-4108 Fax 309-218-4428

To Whom It May Concern:

Enclosed is our Articles of Amendment. Please see the changes as quickly as possible.

REMOVE:

Deborah Black

3229 Boxelder St

Deltona, Florida 32725

ADD:

Michael Schiffman as the new Registered Agent

3229 Boxelder St

Deltona, Florida 32725

ADD:

Thomas Heusner

3229 Boxelder St

Deltona, Florida 32725

After the corrections are made can you please forward the letter to the above address.

Thank You

Michael Schiffman

Vacations Warehouse LLC

WO2-11057 J. BRYAN APR 1 9 2002 8 2002 J. BRYAN MAY



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 19, 2002

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3229

MICHAEL SCHIFFMAN 3233 BOXELDER ST. DELTONA, FL 32725

SUBJECT: VACATIONS WAREHOUSE LLC

Ref. Number: W02000011057

We have received your document for VACATIONS WAREHOUSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Not sure what you mean when you say add principal Thomas Heusner. Is he going to be a manager or managing member. Deborah Black is also listed as manager on our records is she to be removed as a manager also.

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

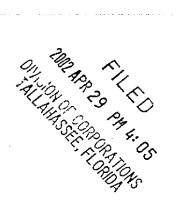
If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 202A00023546

#### Vacations Warehouse LLC

3229 Boxelder St Deltona, Florida 32725 Ph 386-789-4108 Fax 309-218-4428



To Whom It May Concern:

Enclosed is our Articles of Amendment. Please see to the changes as quickly as possible.

REMOVE: Deborah Black (no longer with company, please remove name entirely)

3229 Boxelder St Deltona, Florida 32725

ADD: Michael Schiffman (as the new Registered Agent)

3229 Boxelder St Deltona, Florida 32725

ADD: Thomas Heusner (as Manager)

3229 Boxelder St

Deltona, Florida 32725

After the corrections are made can you please forward the letter to the above address.

If you should have any questions please call 386-789-4108

Thank You

Michael Schiffman Vacations Warehouse LLC

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was	٠.		
SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:			
Please Remove: please Add			
Deborah Black. New Registered Agent:			
please Add — 3229 Boxelder St. Cincipal: Manager Deltona, &1. 32725 Thomas Heusner			
1233 Boxelderst. 121tona fl. 32725 Dated 4/11, 2002.	-		
Signature of a member or authorized representative of a member	₹ v •		
Michael Schiffman Typed or printed name of signee			

Filing Fee: \$25.00

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	cations warehouse LLC
2. The mailing address of the limited liability comp	any is: 3229 Boxelder St.
	Deltona Pl. 32725
Jan 4 2002	L0200000322
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the records of the
2520 BOX	ame store
Deston a City, Sta	te and Zip  and/or office:
6. The name and address of the new registered agent	and/or office:
	70 5
<u>Deltono</u> F City, State	
If the limited liability company is not organized undeconfirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company.	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or pany.
(Signature of a member of authorized representative of a member)	
Michael Schiffmaw (Printed or typed name of signee)	
- · · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00