

M150000005535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

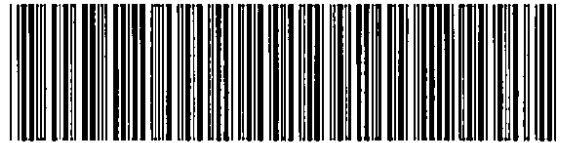
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL HOSPITALITY GROUP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Weigle

Name of Person

Capital Vacations, LLC

Firm/Company

9654 N. Kings Hwy, Suite 101

Address

Myrtle Beach, SC 29572

City/State and Zip Code

krweigle@capitalvacations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Weigle

Name of Person

at (843) 213-2488

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: National Hospitality Group, LLC

Enter new principal office address, if applicable: 9654 N. Kings Hwy
Suite 101
Myrtle Beach, SC 29572
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M15000005535

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07-13-2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Capital Vacations, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Registered Agents Inc.

New Registered Office Address: 3030 N. Rocky Point Dr., STE 150A

Enter Florida Street Address

Tampa, Florida 33607
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Hume

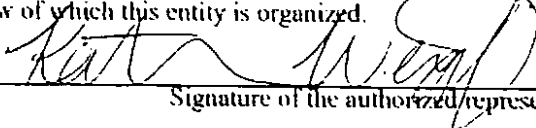
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Katherine Weigle

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "NATIONAL HOSPITALITY
GROUP, LLC", CHANGING ITS NAME FROM "NATIONAL HOSPITALITY
GROUP, LLC" TO "CAPITAL VACATIONS, LLC", FILED IN THIS OFFICE
ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018, AT 10 O'CLOCK A.M.



S460364 8100
SR# 20187894396

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203999110
Date: 11-30-18

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: National Hospitality Group, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Changing National Hospitality Group, LLC's name to Capital Vacations, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 14th day of November, A.D. 2018.

By: Kath Weigle
Authorized Person(s)

Name: Katherine Weigle, Esq.

Print or Type