M1500008465

(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:
·

Office Use Only



900307945659

01/22/18--01005--007 *+25.00

18 JAN 22 PH 2: 49

JAN 2 3 2016 Y SULKER

COVER LETTER

Division of Corporations SUBJECT: VacayHome Connect, 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: Miriam Weinstein Name of Person VacayHome Connect, LLC Firm/Company 200 West Madison Street, Suite 650 Address Chicago, IL 60606 City/State and Zip Code corporate@vacayhomeconnect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miriam Weinstein Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee \$30 Filing Fee & S55 Filing Fee & S60 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

CR2E055 (9/15)

TO: , Registration Section

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)

Enter new principal office address, if applicable:	n/a
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	200 West Madison Street, Suite 650
	Chicago, IL 60606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	ability company is: M1500008465
3. Jurisdiction of its organization: Illinois	
4. Date authorized to do business in Florida: 10	/21/2015 201
SECTION II (5-9 complete only the applicable	State State Communication Comm
	/acayHome Connect LLC
5. New name of the limited liability company: (mus	/acayHome Connect, LLC St contain "Limited Liability Company, ""L.L.C., "OF LLC.")
(If name unavailable, enter alternate name adopted	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate pam
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register	d for the purpose of transacting business in Florida and attach a inaging members adopting the alternate name. The alternate name of the new
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. 6. If amending the registered agent and/or register registered agent and/or the new registered office a	d for the purpose of transacting business in Florida and attach a inaging members adopting the alternate name. The alternate name of the new
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a	d for the purpose of transacting business in Florida and attach a inaging members adopting the alternate name. The alternate name of the new ddress here:
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company." "L.L. 6. It amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent:	d for the purpose of transacting business in Florida and attach a inaging members adopting the alternate name. The alternate name of the new

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.

If the amendment c	hanges person, title or capacity in accor	dance with 605.0902 (1)(e), indi	cate that change:
tle/ Capacity	<u>Name</u>	Address	Type of Action
 -			Add
	-		Remove
			Add
			Remov
			A SET NO.
			2 Panove 2: 49
			Add
			Add
aforementioned an	icate, if required: no more than 90 day nendment(s), duly authenticated by the he law of which this entity is organize	official having custody of record.	Remove
	Signature of the Sunil Aluvila	Ashorized representative	

Filing Fee: \$25.00

File Number

0379357-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VACAYHOME CONNECT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 06, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JANUARY A.D. 2018.

Authentication #: 1801101584 verifiable until 01/11/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0379357-5

01/11/2018

CORPORATE@VACAYHOMECONNECT.COM

RE: VACAYHOME CONNECT, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 1801102459.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION

esse White

TELEPHONE: (217)524-8008

JW:LLC

File Number

0379357-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 4 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR VACAYHOME CONNECT, LLC.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JANUARY A.D. 2018.

Authentication #: 1801102459 verifiable until 01/11/2019. Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE