

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000356043 3)))



H210003560433ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL VACATIONS INTERNATIONAL EXCHANGE NETWORK,
LL**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 23 2021

M. SOLOMON

**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: CAPITAL VACATIONS INTERNATIONAL EXCHANGE NETWORK, LLC

Enter new principal office address, if applicable: 9654 N. Kings Hwy, Suite 101

(Principal office address

MUST BE A STREET ADDRESS)

Myrtle Beach SC 29572

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

7901 4th St N

STE 300

St. Petersburg FL 33702

2. The Florida document number of this limited liability company is: M19000003911

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 4/17/2019

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

5. New name of the limited liability company: Capital Vacations Global Exchange, 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

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.

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)(e), 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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

2021 SEP 22 AM 11:34

FILED

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.

Riley Park
Signature of the authorized representative

Riley Park
Typed or printed name of signee

Filing Fee: \$25.00

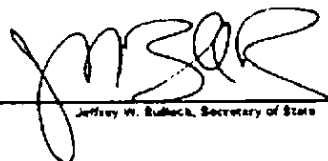
Delaware

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 "CAPITAL VACATIONS INTERNATIONAL EXCHANGE NETWORK, LLC", CHANGING ITS NAME FROM "CAPITAL VACATIONS INTERNATIONAL EXCHANGE NETWORK, LLC" TO "CAPITAL VACATIONS GLOBAL EXCHANGE, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2021, AT 12:38 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7374215 8100
SR# 20213303196

Authentication: 204212001
Date: 09-21-21

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:38 PM 09/20/2021
FILED 12:38 PM 09/20/2021
SR 20213287118 - File Number 7374215

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CAPITAL VACATIONS INTERNATIONAL EXCHANGE NETWORK, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is
Capital Vacations Global Exchange, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 20th day of September, A.D. 2021.

By: Riley Park

Authorized Person(s)

Name: Riley Park

Print or Type