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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 : (561)650-0728 Phone : (561)671-2527 Fax Number

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 ISLAND HOME VACATIONS LLC

| Certificate of Status | I I |
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MAY 0 8 2020

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

2020 MAY - 7 Fti 2: 44
SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears or | n the records of the Florida | Department of |
|--|---|---|
| State: ISLAND HOME VACATIONS, LLC | | |
| Enter new principal office address, if applicable: | | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) — | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | |
| 2. The Florida document number of this limited liabil | lity company is: M1900000 | 5163 |
| 3. Jurisdiction of its organization; Delaware | | |
| 4. Date authorized to do business in Florida: 5/24/20 | | |
| SECTION II (5-9 complete only the applicable cha | anges) | |
| 5. New name of the limited liability company: KEL (must company) | LEY FAMILY ISLAND HO | ME LLC |
| (must co | ontain "Limited Liability C | ompany, ""L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C." | ging members adopting the | g business in Florida and attach a alternate name. The alternate name |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office additional and/or the new registered agent and/or the new registered agent agent agent agent and/or the new registered agent | officer address on our reco | rds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Flor | ida Street Address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper ar and accept the obligations of my position as registered document is being filed to merely reflect a change in | and agree to act in this cap nd complete performance o red agent as provided for in | chapter 605, F.S. Or, if this |

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

| If the amendment cl | hanges person, title or capacity in | n accordance with 605.0902 (1)(e), indicate tha | |
|---------------------|---|--|-------------------|
| tlc/ Capacity | Name | Address | Type of Action |
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| aforementioned ar | ficate, if required: no more than nendment(s), duly authenticated | d by the official having custody of records in t | □Remo |
| jurisdiction under | the law of which this entity is o /s/ Robert W. Kelley | organized. | |
| | | e of the authorized representative | |
| | Robert W. Kelley, Mana | | |

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ISLAND HOME VACATIONS

LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"KELLEY FAMILY ISLAND HOME LLC", ON THE FIFTH DAY OF MAY, A.D.

2020, AT 4:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "ISLAND HOME VACATIONS LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "KELLEY FAMILY ISLAND HOME LLC", ON THE FIFTH DAY OF MAY, A.D. 2020, AT 4:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELLEY FAMILY ISLAND HOME LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

,

Authentication: 202887869

Date: 05-06-20

7407209 8321 SR# 20203520826



Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELLEY FAMILY ISLAND HOME LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

7407209 8321 SR# 20203520826 Authentication: 202887869 Date: 05-06-20

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