

N23782

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Amend  
@ 12/20/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Spas at Resort World Condominium Association, Inc.

**DOCUMENT NUMBER:** N23782

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Hickey

(Name of Contact Person)

Legacy Vacation Club, LLC

(Firm/ Company)

8451 Palm Parkway

(Address)

Lake Buena Vista, FL 32836

(City/ State and Zip Code)

suzanne.hickey@legacyvacationclub.com

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

For further information concerning this matter, please call:

Anthony J. Picciano

(Name of Contact Person)

at ( 407 ) 997-3000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Spas at Resort World Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23782

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: Anthony J. Picciano

8451 Palm Parkway

(Florida street address)

New Registered Office Address:

Lake Buena Vista

(City)

Florida 32836

(Zip Code)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing  
Anthony J. Picciano

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 19 AM 8:25

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

| <u>Title(s)</u> | <u>Name</u>                | <u>Address</u>  |
|-----------------|----------------------------|---|
| 1) <u>DP</u>    | <u>Jared M. Meyers</u>     | <u>8451 Palm Parkway</u><br><u>Lake Buena Vista, FL 32836</u> |
| 2) <u>DVP</u>   | <u>Anthony J. Picciano</u> | <u>8451 Palm Parkway</u><br><u>Lake Buena Vista, FL 32836</u> |
| 3) <u>DST</u>   | <u>Damola Aré</u>          | <u>8451 Palm Parkway</u><br><u>Lake Buena Vista, FL 32836</u> |
| 4) _____        | _____                      | _____<br>_____<br>_____                                       |
| 5) _____        | _____                      | _____<br>_____<br>_____                                       |
| 6) _____        | _____                      | _____<br>_____<br>_____                                       |

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

| <u>Title(s)</u> | <u>Name</u>            | <u>Title(s)</u> | <u>Name</u> |
|-----------------|------------------------|-----------------|-------------|
| 1) <u>S</u>     | <u>Jared M. Meyers</u> | 4) _____        | _____       |
| 2) _____        | _____                  | 5) _____        | _____       |
| 3) _____        | _____                  | 6) _____        | _____       |

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

• The date of each amendment(s) adoption: 09/30/11

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/16/11

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JARED M. MEYERS

(Typed or printed name of person signing)

President

(Title of person signing)