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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Vaca	ation Rental M	lanagers Associa	ation
N9400000	1880		
DOCUMENT NUMBER:			·
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Denis J Hanks			
	(Name of Contact Person	n)	
Florida Vacation Renta	al Manage	rs Associatio	n
	(Firm/ Company)		
7862 W Irlo Bronson H	lwy. #305		<u> </u>
	(Address)	 	SECRE SECRE
Kissimmee FL 34747			一
(City/ State and Zip Cod	e)	12 - 4
denisjhanks@icl	oud.com		44
E-mail address: (to be used	for future annual report	notification)	:
For further information concerning this matter, please of	call:		
Denis J Hanks	_{at (} 407	218-6600 ode & Daytime Telephone Nur	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Nur	mber)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Vacation Rental Managers Association Inc.

(Name of Corporation as currently filed with the Flo	
N9400001880	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporati	<u>ion:</u>
N/A	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc.'
B. Enter new principal office address, if applicable:	7862 W Irlo Bronson Hwy
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#305
	Kissimmee FL 34747
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	#305 Kissimmee FL 34747 7862 W Irlo Bronson Hwy #305
	#305
	Kissimmee FL 34747
If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	e address in Florida, enter the name of the
	iks - Executive Director
	Bronson Hwy #305
	(Florida street address)
Kissimmee	e FL, Florida 34747
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered a hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position. Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add X Remove	STD	Jeff Paglialonga	1331 Hibiscus Ave Winter Park FL 32789
2) Change Add Remove 3) Change			
Add			
4) Change Add Remove			
5) Change Add Remove	A		
6) Change Add Remove			

• If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)	ange(s) here.			
N/A					
	100				
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The date of each amendment(s) adoption:			f other t	han the
•				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.			
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.			
Signature (By the character)	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
	(Typed or printed name of person signing) ECUTIVE DIMECTAN - FURMA (Title of person signing)			
ک م سر	(Title of person signing)	SEDANASSI	15 F2R 24	