19400001880

(F	Requestor's Name)	_
. (/	Address)	_
(,	Address)	_
((City/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(1	Business Entity Name)	_
(Document Number)		
Certified Copies	Certificates of Status	_
Special Instructions	to Filing Officer:	
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Office Use Only



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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Florida Vac	ation Rental Managers Association
N94000001880 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Denis Hanks	
	(Name of Contact Person)
Florida Vacation Rental Managers Associa	ation
	(Firm/ Company)
7862 W Irlo Bronson Hwy # 305	
	(Address)
Kissimmee FL 34747	
	(City/ State and Zip Code)
denis@fvrma.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Denis Hanks	407-201-0120 at
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	g Fee & \$\sumsymbol{\subset}\$\$\$\$ \$\sumsymbol{\subset}\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Mailing Address Amendment Section	Street Address Amendment Section

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2018

DENIS HANKS FLORIDA VACATION RENTAL MANAGERS 7862 W IRLO BRONSON HWY #305 KISSIMMEE, FL 34747

SUBJECT: FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC.

Ref. Number: N94000001880

We have received your document for FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 718A00001298





December 18, 2017

DENIS HANKS FLORIDA VACATION RENTAL MANAGERS 7862 W IRLO BRONSON HWY #305 KISSIMMEE, FL 34747

SUBJECT: FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC.

Ref. Number: N9400001880

We have received your document for FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 317A00025513

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment Articles of Incorporation

A	rticles of Amendment	Florida Dept. of State)
A	to ticles of Incorporation	♦ % %
Ai	of	
orida Vacation Rental Managers Association		
(Name of Corporation as cu	rrently filed with the F	Florida Dept. of State)
94000001880		ি পুরু বিভাগ
(Document)	Number of Corporation (i	if known)
resuant to the provisions of section 617.1006, Florida S nendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of the corp		
orida Vacation Rental Management Association	Inc.	The new
ame must be distinguishable and contain the word "con	poration" or "incorpora	ated" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.	N/A	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR		
rincipal office diddress <u>MOST BE A STREET ADDR</u>	<u></u>	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	 	
		
If amending the registered agent and/or registered	l office address in Flori	ida, enter the name of the
new registered agent and/or the new registered of		
N/A <u>Name of New Registered Agent:</u>		
	*.' 	(Florida street address)
<u>New Registered Office Address:</u> N/A		
IN/A		Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Regist		
ereby accept the appointment as registered agent. I d	ım familiar with and acc	rept the obligations of the position.
	6	
	Signature of New Re;	gistered Agent, if changing

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>Mi</u></u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Paul Hayes	1075 Duval St - C-11
Add X Remove			Key West FL 33040
2) Change	P	Jennifer Frankenstein - Harris	999 Douglas Ave Suite 2217
X Add			Altamonte Springs FL 32714
Remove			
3) Change			
Add			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
·				
				

	10/19/2017	
	e date of each amendment(s) adoption: ethis document was signed.	, if other than the
Effe	ective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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	
	Signature Senso Ho	-
	(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)	
	Denis Hanks	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	