

PD000000067347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800296403338

03/16/17--01018--001 **35.00

FILED
2017 MAY -4 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/name
chg

MAY 04 2017

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vacation Travel Corp
Name of Corporation

DOCUMENT NUMBER: P00000067347

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl Dilley

Name of Contact Person

Vacation Travel Corp

Firm/Company

15500 Roosevelt Blvd, Ste 301

Address

Clearwater, FL 33760

City/State and Zip Code

cdilley@ecom-ally.com

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

For further information concerning this matter, please call:

Carl Dilley

at (727) 459-7378

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

CARL DILLEY
VACATION TRAVEL CORP.
15500 ROOSEVELT BLVD., STE. 301
CLEARWATER, FL 33760

SUBJECT: VACATION TRAVEL CORP.
Ref. Number: P00000067347

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 817A00005357

Dear Irene -

*Please see additional documents as per
your request.*

Thank you
[Signature]

RECEIVED

17 MAY -4 PM 2:28

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Articles of Amendment
to
Articles of Incorporation
of

Vacation Travel Corp

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

P000000067347

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

Ecom Ally Corp

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

FILED
2017 MAY -4 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

N/A

Signature of New Registered 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

~~AT/A~~

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	<u>V</u>	<u>Diamond, Richard</u>	<u>6601 Memorial Hwy</u> <u>Ste 105</u> <u>Tampa FL 33615</u>
2) ☐ Change ☐ Add ☒ Remove	<u>CFO</u>	<u>Floyd, Christopher</u>	<u>6601 Memorial Hwy</u> <u>Ste 105</u> <u>Tampa FL 33615</u>
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 2-1-2017, if other than the date this document was signed.

Effective date if applicable: 2-1-2017
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5-1-17

Signature _____

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

Carl Dilley
(Typed or printed name of person signing)

President
(Title of person signing)