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STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** CHANGING SPACES VACATIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ANTHONY GRAINGER

Name (Printed or typed)

263 DUPONT COURT

Address

AUBURNDALE, FLORIDA 33823

City, State & Zip

(863) 409-8688

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

CHANGING SPACES VACATIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

263 DUPONT COURT  
AUBURNDAL, FLORIDA 33823

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MANAGEMENT OF REAL ESTATE PROPERTIES AND THE PURCHASE OF TAX LIENS.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

REBECCA GRAINGER, PRESIDENT

ANTHONY GRAINGER, VICE PRESIDENT

263 DUPONT COURT  
AUBURNDAL, FLORIDA 33823

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ANTHONY GRAINGER  
263 DUPONT COURT  
AUBURNDAL, FLORIDA 33823

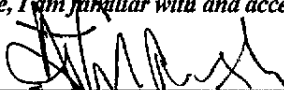
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANTHONY GRAINGER  
263 DUPONT COURT  
AUBURNDAL, FLORIDA 33823

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Signature/Registered Agent

08/28/2003

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature/Incorporator

08/28/2003

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA