P03000102955
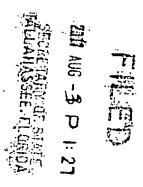
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 0 8 2017

T. LEMIEUX

COVER LETTER

NAME OF CORPORATION: _OASIS VACATION HOMES, INC._

DOCUMENT NUMBER: _P03000102955_

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

Please return all correspondence concerning this matter to the following:

IAIN ROBINSON
Name of Contact Person

OASIS PROPERTY CORPORATION
Firm/ Company

3020 BOAT LIFT ROAD
Address

KISSIMMEE FL 34746
City/ State and Zip Code

IAIN @ OASIS PROPERTYCORPORATION. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAIN ROBINSON at (_407_) _334 3804_
Name of Contact Person   Area Code & Daytime Telephone Number

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

☐ $35 Filing Fee   ☑ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                          Certificate of Status   Certified Copy   Certificate of Status
                                                        (Additional copy is   Certified Copy
                                                        enclosed)   (Additional Copy
                                                                                    is enclosed)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2017

IAIN ROBINSON
3020 BOAT LIFT RD
KISSIMMEE, FL 34746

SUBJECT: OASIS VACATION HOMES, INC.
Ref. Number: P03000102955

We have received your document for OASIS VACATION HOMES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 917A00014839

Articles of Amendment
to
Articles of Incorporation
of

OASIS VACATION HOMES, INC.

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

P03000102955

(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:

OASIS PRO-TRADE CORPORATION _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)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3020 BOAT LIFT ROAD

KISSIMMEE FL

34746

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 _____

_____
(Florida street address)

New Registered Office Address: _____ , Florida _____
                                        (City)   *(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

Articles of Amendment
to
Articles of Incorporation
of

OASIS VACATION HOMES, INC.

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

P03000102955

(Document Number of Corporation (if known))

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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)

3020 BOAT LIFT ROAD
KISSIMMEE FL
34746

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 _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
(City)   *(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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add ____ Remove	____	_____	_____
2) ____ Change ____ Add ____ Remove	____	_____	_____
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)*

_____

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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)

_____

_____

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_____

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

Effective date if applicable: _____
(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)   (<u>CHECK ONE</u>)

☑ 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 **7/16/ 2017**

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)

    IAIN ROBINSON
    (Typed or printed name of person signing)

    PRESIDENT
    (Title of person signing)