## P0500057133

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Cabana Palms Day	rspa, Inc.					
DOCUMENT NUMBI	P05000057122		<u>.</u>				
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
ī	R John Graham						
_		Name of Contact Perso	n				
(	Cabana Palms Dayspa, Inc.						
_	Firm/ Company						
I	PO Box 187						
<del>-</del>		Address					
I	Lehigh Acres, FL 33970						
_		City/ State and Zip Cod	е				
	E-mail address: (to be us		mtegmall.com				
Kelly S Graham		239 at (	633-9646				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:				
\$35 Filling 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					

## Articles of Amendment to Articles of Incorporation of

to

Cabana Palms Dayspa, Inc.					
(Name of Cor	poration as curren	tly filed with the Florida Dep	t. of State)		
P05000057122					
	Document Number	of Corporation (if known)	<del></del>		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corporation a	dopts the following an	nendment(s)	
A. If amending name, enter the new name of	the corporation:				
Vacation Relaxation Station, Inc.			Th	e new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc," or	"Co". A professional corpora	orated" or the abbre	eviation	
B. Enter new principal office address, if app	dicable:	116 Florida Rd.			
(Principal office address <u>MUST BE A STREE</u>	Lehigh Acres, FL 33936				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 187			
		Lehigh Acres, FL 33970			
D. If amending the registered agent and/or r new registered agent and/or the new regis			ne of the		
Name of New Registered Agent N/A					
			Fa =	•	
	(Florida s	treet address)	22 2	71	
New Registered Office Address:	N/A Florida			=	
		(City)	Zip G9de	, m	
			7	O	
New Registered Agent's Signature, if changing			TA ST	<u> </u>	
I hereby accept the appointment as registered a	gent. I am familiar	with and accept the obligation	ns of the partion.		
<del></del>	Cionadana - CM	Parintaged Agent if shares in	<del></del>		
	signature oj 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	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Tîtle</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
4) Change		_		
Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Changa				
6) Change		_	<del> </del>	
Add				
KEIDOVE				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······································
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis and analysis and an analysis

		2/24/2016			
The date of each amendment(s) date this document was signed.	adoption:				, if other than the
0	2/24/2016				
Effective date <u>if applicable</u> : _		(no more than	n 90 days after amendm	ent file date)	<del></del>
Note: If the date inserted in thi document's effective date on the				requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	( <u>Cl</u>	HECK ONE)			
The amendment(s) was/were by the shareholders was/were			The number of votes cas	st for the amendment(s)	
☐ The amendment(s) was/were a must be separately provided					
"The number of votes ca	ast for the ame	endment(s) was/v	were sufficient for appro	oval	
by	(vo			••••••••••••••••••••••••••••••••••••••	
	(vo	oting group)			
The amendment(s) was/were action was not required.	adopted by the	e board of directo	ors without shareholder	action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the	incorporators w	vithout shareholder actio	on and shareholder	
02/24/20 Dated	)16		,		
selec	cted, by an inc		fficer – if directors or or the hands of a receiver, ry)		
	Kelly S G	raham			
		(Typed or printe	ed name of person signif	ng)	
	President	Lelle	, Braham		
		(Tit	le of person signing)		