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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION:	Marco Island Vacation Properties, Inc.			
DOCUMENT NUM	NUMBER:P07000125564				
The enclosed Article	es of Amendment and fe	ee are submitted for filing.			
Please return all corr	respondence concerning	this matter to the following:			
_		Michael A. Vale			
		Name of Contact Person			
	Marco Is	sland Vacation Properties, Inc.			
_		Firm/ Company			
P.O. Box 55					
Address					
	Ma	rco Island, Florida 34146			
		City/ State and Zip Code			
	mj	vale19@aol.com used for future annual report notification)			
	ion concerning this matte	er, please call:			
Michael A. Vale Name of Contact Person		at (239) 393-2121 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amoun	nt made payable to the Florida Department of State:			
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Marco Island Vacation Properties, Inc.

	Articles of Amendment	
	to Articles of Incorporation	,
	of	2. 14 A
		all JUI
	Vacation Properties, Inc.	Physical Phy
(Name of Corporation as c	urrently filed with the Florida Dept.	of State)
	07000125564	
(Document)	Number of Corporation (if known)	of State) ALLAHASSEE, FLORISA
rsuant to the provisions of section 607. nendment(s) to its Articles of Incorporation		Profit Corporation adopts the following
If amending name, enter the new nam	ne of the corporation:	
ame must be distinguishab <mark>le and</mark> conto		The new
rincipal office address <u>MUST BE A STF</u>		
Enter new mailing address liftapplica (Mailing address MAY BE A POST OF		
(Mailing address MAY BE A POST OF	or registered office address in Florid	a, enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Florid	a, enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Florid	a, enter the name of the
(Mailing address MAY BE A POST OF	fFICE BOX) for registered office address in Florid registered office address: Michael A. Vale	a, enter the name of the
If amending the registered agent and/new registered agent and/or the new page 18 Name of New Registered Agent:	frice BOX) for registered office address in Florid registered office address: Michael A. Vale 847 North Collier Boulevard	
(Mailing address MAY BE A POST OF	for registered office address in Florid registered office address: Michael A. Vale 847 North Collier Boulevard (Florida street address)	a, enter the name of the , Florida 34145
. If amending the registered agent and/new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address:	for registered office address in Florid registered office address: Michael A. Vale 847 North Collier Boulevard (Florida street address) Marco Island (City)	, Florida_34145
(Mailing address MAY BE A POST OF	/or registered office address in Florid registered office address: Michael A. Vale 847 North Collier Boulevard (Florida street address) Marco Island (City) nging Registered Agent:	, Florida_34145 (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>PD</u>	Michael J. Vale	847 North Collier Boulevard Marco Island, Florida 34145	_ □ Add _ ☑ Remove
Preside	Michael A. Vale	847 North Collier Boulevard Marco Island, Florida 34145	_ ☑ Add _ □ Remove
<u>TD</u>	Andrew M. Våle	847 North Collier Boulevard Marco Island, Florida 34145	_
	ding or adding additional Articles dditional sheets, if necessary). (B	s, enter change(s) here: Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
F. <u>If an ar</u>	mendment provides for an exchan	nge, reclassification, or cancellation of is nent if not contained in the amendment	sued shares, itself:
	not applicable, indicate N/A)		
-			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Peter M. Vale	847 North Collier Boulevard Marco Island, Florida 34145	
Treasu	Michael A. Vale	847 North Collier Boulevard Marco Island, Florida 34145	_
Secret	Michael A. Vale	847 North Collier Boulevard Marco Island, Florida 34145	
	ding or adding additional Articles,		_
(attach a	dditional sheets, if necessary). (Be	specific)	
	, , , , , , , , , , , , , , , , , , , ,		
		e, reclassification, or cancellation of is	
	not applicable, indicate N/A)		

The date of each	amendment(s) adopti	on: June 30, 20	11	
		(date of a	adoption is required)	
Effective date <u>if a</u>	pplicable: July 1, 2	than 90 days after	amendment file date)	
Adoption of Ame	ndment(s)	(CHECK ONE)	
	nt(s) was/were adopted lders was/were sufficie		rs. The number of votes cast for	the amendment(s)
		•	ers through voting groups. The led to vote separately on the amo	•
"The num	per of votes cast for the	e amendment(s) wa	s/were sufficient for approval	
by			,,, ,,	
	(voting gr	oup)		
The amendmen action was not		by the board of dir	rectors without shareholder action	on and shareholder
The amendmen action was not		by the incorporato	rs without shareholder action an	d shareholder
	Dated July 13, 2011	haela	Vale	
	(By a director, selected, by an		officer – if directors or officers n the hands of a receiver, trusted iary)	
	, 	Mic	hael A. Vale	
			ed name of person signing)	
			President	
	(*	Title of person sign	ing)	

