## P08000/05/62

(Re	questor's Name)	
. (Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MARATIUN VACATION. COM INC
DOCUMENT NUMBER: POSCOOIOSICO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
MARATION JACATION. COM JNC Firm/Company
10055 OVERSEAS HIGHWAY Address
MARATION FL 33050 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  at (305) 360-7968  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Articles of A	mendment
to	
Articles of Inc.	corporation
MARATITON VACA	TION. COM, INC.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
(Document Number of Corporation (	25162
	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	MARATION, FL 33050
	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 500021 MARATHON FL
	•
	33050
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	

Name of New Registered Agent

10055

OFRSEM-S HOHWAY

(Florida street address)

New Registered Office Address:

(City)

Name of New Registered Agent

(Florida STEEL Address)

(City)

(City)

New Registered Office Address:

(City)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	D	Paul E. Labossiete	1791 GROUPER DEINE
Add			MARATHON, FL 33050
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach		ets, if necessary).			<u>e</u> :		
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<u>If an a</u>	mendment pro	ovides for an exc	hange, reclas	sification, or	cancellation	of issued sh	ares,
prov	isions for imple	ementing the ame, indicate N/A)	endment if no	t contained	in the ameno	<u>iment itself:</u>	
,	у ног аррисаот	z, indicule N/A)					
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					·· <del>·</del>		
				/-			

The date of each amendment(s) ad date this document was signed.	aoption:	, it other than t
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9-16-13	
Signature	Qua (nh)	<del></del>
	lirector, president or other officer – if directors or officers have not been	
	d, by an incorporator if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Jo Ann Cook	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>
	( ritio or beroom pigning)	