

PD9000087718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/12--01024--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 25 PM 1:01

Amend
10 7/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MY VACATION STATION INC.

DOCUMENT NUMBER: P09000087718

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

Please return all correspondence concerning this matter to the following:

TROY MOHABIR

Name of Contact Person

MY VACATION STATION INC.

Firm/ Company

522 S. Hunt Club Blvd. # 563

Address

Apopka Fl. 32703

City/ State and Zip Code

myvacationstation @ zoho .com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY MOHABIR

Name of Contact Person

at (407) 234-0700

Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

2012 JUL 25 AM 3:37

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2012

TROY MOHABIR 2ND MAILING
MY VACATION STATION, INC
8879 W. COLONIAL DR., STE. 123
OCOOEE, FL 34761

SUBJECT: MY VACATION STATION, INC
Ref. Number: P09000087718

We have received your document for MY VACATION STATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 812A00017442



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2012

TROY MOHABIR
MY VACATION STATION, INC
522 HUNT CLUB BLVD #536
APOPKA, FL 32703

SUBJECT: MY VACATION STATION, INC
Ref. Number: P09000087718

8879 W. Colonial
Ste 123 Dr.
Ocoee, FL
34761

We have received your document for MY VACATION STATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 812A00017442

Articles of Amendment
to
Articles of Incorporation
of

MY VACATION STATION INC.

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

P09000087718

(Document Number of Corporation (if known))

FILED
STATE FARMERS' CREDIT
DIVISION OF CORPORATIONS
12 JUL 25 PM 7:01

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:

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**)

522 S Hunt Club Blvd #563
Apopka, FL 32703

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

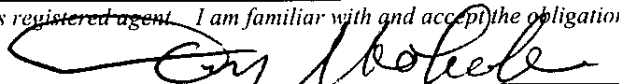
522 S Hunt Club Blvd #563
Apopka, FL 32703

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 TROY MOHABIR
522 S Hunt Club Blvd #563
(Florida street address)
New Registered Office Address: Apopka, Florida 32703
(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

(Attach additional sheets, if necessary)

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.

X_Change PT John Doe

X Remove V Mike Jones

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Title	Name
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Address

P RON BARBAZA

8879 W. COLONIAL DR.

Add

OCOEE FL. 34761

X Remove

#123

2) Change

P TROY MOHABIR

522 S Hunt Club Blvd

X Add

#563

Remove

Apopka, FL 32703

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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

The date of each amendment(s) adoption: 07/01/2012

Effective date if applicable: 07/01/2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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):

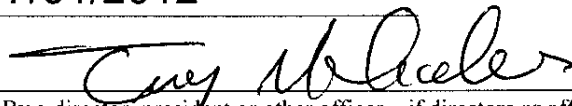
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 07/01/2012

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)

TROY MOHABIR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)