# P10000011911

| (Ke                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
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| . (Ad                   | ldress)            |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bu                     | isiness Entity Nai | me)         |
|                         |                    |             |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | Certificate        | s of Status |
| Special Instructions to | Filing Officer:    |             |
| !                       |                    |             |
| :<br>:                  |                    |             |
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Office Use Only



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FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Amendicus (10) 10/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP            | ORATION: RCI I                               | •   |  |
|-------------------------|--|---|--|
| DOCUMENT NUI            | MBER: Resort fro                             | perties Internation   | al, Inc.   |
| The enclosed Articl     | les of Amendment and fee are                 | submitted for filing.   |  |
| Please return all cor   | respondence concerning this                  | matter to the following:  |  |
| -                       | Gregory M. Fr                                | USCA  De of Contact Person  |  |
|                         | T T T T T T T T T T T T T T T T T T T        |   | - marker of the control of the contr |
|                         | RCI Innovati                                 | on Inc  |  |
| _                       |  | Firm/ Company   |  |
| -                       | 1451 W Cyp                                   | rest Creek ROa  | d  |
|                         |  |   |  |
|                         | Ft. Lauderdal                                | 2 FL 33303<br>/ State and Zip Code                                  |  |
|                         | -  | •   |  |
| <i>i1</i>               | nfo Orcinnovaho                              | or future annual report notification)                               | İ  |
|                         | E-mail address: (to be used f                | or future annual report notification)                               | 1  |
|                         | tion concerning this matter, pl              | ease call:  | _  |
| Sharon Jones            | -Operations MgR.                             | _at (561 ) 859-   | <u>.523/</u>   |
| Name o                  | of Contact Person                            | Area Code & Daytime Te  | lephone Number   |
| Enclosed is a check     | for the following amount mad                 | de payable to the Florida Depar                                     | tment of State:  |
| \$35 Filing 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 Ad<br>Amendment |  | Street Address Amendment Section                                    |  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### FILING CANCELLED RETURNED CHECK

## **Articles of Amendment**

|     | · •        | to                        |
|-----|------------|---------------------------|
|     |            | Articles of Incorporation |
|     |            | of                        |
| PCT | Tanalahous | 4.0                       |

| RCI Innovations, I  | no.   |                                  |                                       | A . O                    |
|---|---|----------------------------------|---------------------------------------|--------------------------|
| (Name of Corporation as curr  | ently filed with  | the Florida D                    | ept. of State)                        | PICO                     |
| Original #: \$100000<br>(Document Nur   | 311911  |                                  |                                       | THE PARTY                |
| (Document Nur   | mber of Corporat  | ion (if known)                   | <del></del>                           |                          |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:  | 06, Florida Statut  | tes, this <i>Florid</i>          | la Profit Corporation add             | opts the following<br>بن |
| A. If amending name, enter the new name of  | of the corporatio   | <u>n:</u>                        |                                       | Ę                        |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "problem Enter new principal office address, if appointmental office address MUST BE A STREE | e designation "Č<br>ofessional associo<br>p <mark>licable:</mark> | orp," "Inc," o<br>ation," or the | r "Co". A professional                | corporation<br>+200      |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)   |   | 1451 V<br>Sute :                 | V Cypress Cree<br>300<br>Idendale, FL | -<br>Lkoad<br>33.383     |
| D. If amending the registered agent and/or  | registered office   |                                  |                                       |                          |
| new registered agent and/or the new reg   |   |                                  |                                       | <del></del>              |
| Name of New Registered Agent:   |   |                                  |                                       |                          |
| New Registered Office Address:  | (Flori  | ida street addr                  | ess)                                  |                          |
|   |   |                                  | , Florida                             |                          |
|   | (City)  |                                  | (Zip Code)                            |                          |
| New Registered Agent's Signature, if changi<br>I hereby accept the appointment as registered to   |   |                                  | accept the obligations of th          | e position.              |
|   | Signature of New  | Registered Ag                    | ent, 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)

| Title/                    | <u>Name</u>   | Address                              | Type of Action      |
|---------------------------|---|--------------------------------------|---------------------|
| V                         | John P. MacPherson, et al   | 7775. Flagler, #800<br>WPB, FL 33401 | Add Remove          |
|                           |   |                                      | _ □ Add<br>□ Remove |
|                           |   |                                      | _                   |
| E. If amend<br>(attach aa | ling or adding additional Articles, enter ditional sheets, if necessary). (Be specif                        | change(s) here:                      |                     |
|                           |   |                                      |                     |
| provisio                  | nendment provides for an exchange, reclons for implementing the amendment if rect applicable, indicate N/A) |                                      |                     |
|                           | و د و د و د و د و و و و و و و و و و و و   |                                      | ي سو. هم سوه        |
|                           |   | ,                                    | 1                   |
|                           |   |                                      |                     |
|                           |   |                                      |                     |

| The date of each amendment(s) a                                  | doption: UI 8-10   |
|--|--|
| , ,,   | (date of adoption is required)   |
| Effective date if applicable:                                    |  |
| (no  | more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| The amendment(s) was/were add<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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 i                                      | for the amendment(s) was/were sufficient for approval  |
| by   | .,,  |
| (voti  | ing group)   |
| action was not required.   | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| Dated6   | <u>- 18-2010</u>   |
| · Signature  | Juny M. Gosen  |
|  | ector, president or other officer – if directors or officers have not been   |
|  | by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)                                       |
|  | Gregory M. Fusca. (Typed or printed name of person signing)  |
|  | (1) ped of printed name of person signing)   |
|  | President  |
|  | (Title of person signing)  |