

P100000061659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

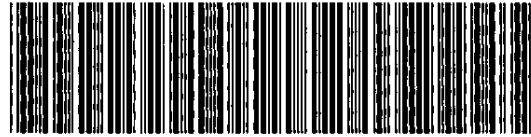
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Converted document
by telephone call
JR 10-25-10

Office Use Only



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10/18/10--01010--001 **35.00

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FILED
10 OCT 25 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 25 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2010

ELY ALON
1850 43RD AVE STE C-10
VERO BEACH, FL 32960

SUBJECT: RESORT TRAVEL CORP
Ref. Number: P10000061659

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

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 610A00024555



1850 43rd Ave., Suite C-10
Vero Beach, FL 32960
(772) 492-8413 Phone
(772) 492-8434 Fax
www.resortvp.com

October 12, 2010

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed herewith please find check number 1060 in the amount of Thirty-Five Dollars and No/100ths (\$35.00) as filing fee for amendment of information regarding RESORT TRAVEL CORP.

I have also enclosed my cover letter for the Articles of Correction, a copy of my Independent Sales Agents – Statement of Exemption, and a copy of my SS-4.

Should you have any questions or concerns, please contact me on my mobile phone at 954/235-5733, as I will be out of the office.

Thank you so much for your assistance in this matter.

Sincerely,

Ely Alon
President

:PjS
Enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RESORT TRAVEL CORP

DOCUMENT NUMBER: P10000061659

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

Please return all correspondence concerning this matter to the following:

ELY ALON

Name of Contact Person

RESORT TRAVEL CORP

Firm/ Company

1850 43RD AVE, C-10

Address

VERO BEACH, FL 32960

City/ State and Zip Code

CORPORATE@RESORTVP.COM

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

For further information concerning this matter, please call:

ELY ALON

Name of Contact Person

at (772) 492-8413

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee
*already
Submitted*

☐ \$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

FILED
10 OCT 25 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESORT TRAVEL CORP

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

P10000061659

(Document Number of Corporation (if known))

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)

1850 43RD AVE, STE. C-10
VERO BEACH, FL 32960

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

Same as Above

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:

New Registered Office Address:

1850 43RD AVE, C-10

(Florida street address)

VERO BEACH

(City)

, Florida FL 32960

(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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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: 10-20-10

(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 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)

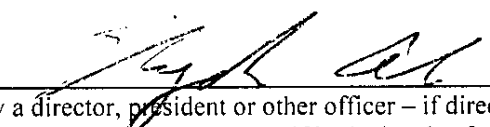
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

10/20/10

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)

ELY ALON

(Typed or printed name of person signing)

President

(Title of person signing)