

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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FEB 08 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: 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 Firm/ Company Address City/ State and Zip Code ion@boomesanouacat E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section 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

Articles of Amendment

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Articles of Inco	orporation	17 FEB -6 P	1 3: 25
Destin Boomeran	a. Inc.	the training to the same of	x
(Name of Corporation as currently	filed with the F	lorida Dept. of State)	
P1000095384			
(Document Number of	Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Co	rporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	+1	•	
Boomerang Vacation Ker			The new
name must be distinguishable and confain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professio	or "incorporated" or nal corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:	1359	Windward	Ln.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Nice	ville, FL 3.	2578
	1.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- <u>N/A</u>		
	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered office addre	ss in Florida, er	ter the name of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent U/A		··	
(Florida stree	et address)		
New Paristand Office Address:		. Florida	
New Registered Office Address: N/D	City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept th	e obligations of the pos	sition.
. /.			
$\Delta V I A$			

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.

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> /		<u>Addres</u> s
1) Change		N/A	****	
Add		ı		
Remove				
2) Change				·
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5)Change				
Add				
Remove				
		:		
5) Change		<u></u>		
Add				
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wasu aaamonai sneets	additional Articles, enter of s, if necessary). (Be specified)	fic)		
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A/N				
				
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		•		
n amendment provid	des for an exchange, reclas	ssification, or cancella	tion of issued shares,	
rovisions for impleme	enting the amendment if pe	ot contained in the ac	endment itself:	
(if not applicable, in	naicale N/A)			
(if not applicable, in	naicaie N/A)			
(if not applicable, in	naccue NIA)			
(if not applicable, in	maccue N/A)			
(if not applicable, in	naccue NIA)			
(if not applicable, in	naccue N/A)			
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(if not applicable, in	naccue N/A)			
(if not applicable, in	naccue N/A)			
(if not applicable, in	naccue N/A)			
(if not applicable, in	naccue N/A)			

The date of each amendment(s) adoption: 2/2/2017 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fit document's effective date on the Department of State's records.	·
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	·,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
$Dated$ $\frac{2}{2}$	
Signature mall Duke	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	
Jonathan Duk	e
(Typed or printed name of person si	gning)
President	
(Title of person signing))