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SECRETARY OF STATE

VISION OF CORRUPATION

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N.C.

C.COULLIETTE

JAN 06 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Roatan Travel, Inc. DOCUMENT NUMBER: P10000092905 The enclosed Articles of Amendment and the are submitted for filling. Please return all correspondence concerning this matter to the following: Daniel T Yon Name of Contact Person Bailes, Craig & Yon, PLLC Firm/ Company 401 Tenth Street, Suite 500 Address Huntington, WV 25701 City/ State and Zip Code dty@bcyon.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel T Yon Name of Contact Person Unclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahussee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida Dept, of State)	-	
Roatan Travel, Inc. P10000092905		_	
(Document Number of Corporation)	if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	: Florida Profit Corporation adopts the following	g amendment	(s) to
A. If amending name, enter the new name of the corporation:			
CoCo View Hotel, Inc.		The new	
name must be distinguishable and contain the word "corporation "Curp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	bbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ı.√A	<i>-</i>	
C. Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	-	
		. =	
		<u> </u>	55
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		. ₹ -\	STATE OF THE STATE
	· WA	₽	250 250 250 250 250 250 250 250 250 250
Name of New Registered Agent		=	\$ 0
(Florida su	reet address)	20	
New Registered Office Address:	Florida	_	•
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position		
Signature of New Registered .	Jazat it chanaina		

	icles, enter change(s) (Be specific)	,	
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If an amendment provides for an exch	ange, reclassification	, or cancellation of issued st	ares,
provisions for implementing the ame	nauge, reclassification ndment if not contain	, or cancellation of issued st ed in the amendment itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nauge, reclassification adment if not contain	, or cancellation of issued st led in the amendment itself:	iares. N/A
provisions for implementing the ame	auge, reclassification adment if not contain	, or cancellation of issued st ed in the amendment itself:	
provisions for implementing the ame	auge, reclassification adment if not contain	, or cancellation of issued st ed in the smendment itself:	
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provisions for implementing the ame	nauge, reclassification adment if not contain	, or cancellation of issued st ted in the parendment itself:	

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 PTO

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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>5\</u> '	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4)Change Add Remove			
5 Change Add Remove			
6) Change Add Remove			

The date of each amendment(s) ad	December 21, 2011
Effective date if applicable: De	cember 21, 2011
	(no more than 99 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes east for the amendment(s) delent for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
Dated <u>De C</u> Signature	21,2011 ml 9 hrll
(By a dire selected,	by an incorporator – it in the hands of a receiver, trustee, or other court diductary by that fiductary)
_	Carl E. MidKiff (Typed or printed name of person signing)
	President President
	(Title of nerson signing)