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SEP 09 2016 R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations Beca Grande Vacations, Inc. Pr1000023404 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: Firm/ Company 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: \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

FILED

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SECRETARY FROM ALLAHASS

Roca Grande	Vacations, I	TALLAHASSI ATTAL	ir Eu
	77 7	ith the Florida Dept. of State)	
P	[1000023404]		
	ent Number of Corpora	ttion (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida F	Profit Corporation adopts the following amer	ndment(s
A. If amending name, enter the new name of the co	Management		
name must be distinguishable and contain the world Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	" "Inc," or "Co". A	npany," or "incorporated" or the abbrevior professional corporation name must contain	ation n the
B. Enter new principal office address, if applicable		11/1	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>)	NIT	
		Same	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
		N/A Saml	<u> </u>
D. If amending the registered agent and/or register	ad office address in El	ouids ontouthe name of the	
new registered agent and/or the new registered		orida, enter the name of the	
Name of New Registered Agent	1/4		
	N/N		
	(Florida street addres	ss)	
New Registered Office Address:	/	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent:		
hereby accept the appointment as registered agent.		accept the obligations of the position.	
Sign	ature 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.

Example: 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
I) Change			
Add			
Remove			
2) Change		- 	
Add			
Remove			
3) Change			<i></i>
Add			
Remove			TD 4.0
4) Change			TWK
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessary	y). (Be specific)
	AM
an amendment provides for an encrovisions for implementing the a (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:)

The date of each amendment(s) adoption: date this document was signed.	8/15/16	, if other than the		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)		
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing req			
Adoption of Amendment(s) (CHE	CK ONE)			
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		r the amendment(s)		
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g				
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	I		
by		, .		
(votin	ng group)			
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder acti	ion and shareholder		
☐ The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action a	nd shareholder		
Dated	7/16			
Signature	Meler			
	ent or other officer - if directors or offic	ers have not been		
	porator – if in the hands of a receiver, tru	istee, or other court		
appointed fiduciary b	y that fiduciary)			
	Scott D. Feterson			
(Typed or printed name of person signing)				
	fresident			
(Title of person signing)				