

P1100043475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

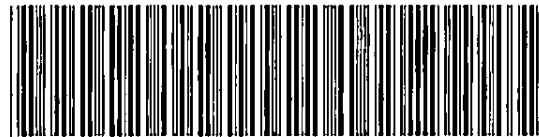
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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S TALLENT

NOV 13 2018

RECEIVED
CLERK OF STATE
18 NOV -7 PM 1:46

FILED
18 NOV -7 AM 9:08
CLERK OF STATE

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

RESUBMIT

Please give original
submission date as file date.

CORPORATION SERVICE COMPANY
RESORT MANAGEMENT FINANCE SERVICES, INC.

SUBJECT: RESORT MANAGEMENT FINANCE SERVICES, INC.
Ref. Number: P11000043475

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

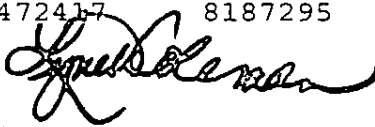
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00023046

RECEIVED
NOV 9 2018
18 NOV -9 AM 10:45

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 472417 8187295
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : November 5, 2018
ORDER TIME : 9:17 AM
ORDER NO. : 472417-030
CUSTOMER NO: 8187295

DOMESTIC AMENDMENT FILING

NAME: RESORT MANAGEMENT FINANCE
SERVICES, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RESORT MANAGEMENT FINANCE SERVICES, INC.

DOCUMENT NUMBER: P11000043475

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

Please return all correspondence concerning this matter to the following:

SANDRA BROWN

Name of Contact Person

RESORT MANAGEMENT FINANCE SERVICES, INC.

Firm/ Company

6262 SUNSET DRIVE

Address

MIAMI, FL 33143

City/ State and Zip Code

SANDRA.BROWN@INTERVALINTL.COM ✓

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

For further information concerning this matter, please call:

SANDRA BROWN

at (305) 925-7011

Name of Contact Person

Area Code & Daytime Telephone Number

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

RESORT MANAGEMENT FINANCE SERVICES, INC.

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

PI1000043475

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

FILED

18 NOV - 7 AM 9:08

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	S	VICTORIA J. KINCKE	6262 Sunset Drive
<input type="checkbox"/> Add			Miami, FL 33143
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	T	JILL TILTON SILVERMAN	6262 Sunset Drive
<input type="checkbox"/> Add			Miami, FL 33143
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	S	MICHELE L. KEUSCH	6262 Sunset Drive
<input type="checkbox"/> Add			Miami, FL 33143
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	D	JOHN E. GELLER, JR.	6262 SUNSET DRIVE
<input checked="" type="checkbox"/> Add			MIAMI, FL 33143
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	D,P	JAMES H. HUNTER, IV	6262 SUNSET DRIVE
<input checked="" type="checkbox"/> Add			MIAMI, FL 33143
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 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 OCTOBER 19, 2018 _____

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)

VICTORIA J. KINCKE

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)