## P110000383500

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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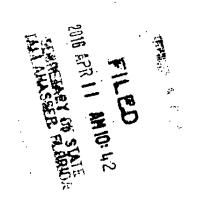
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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	Dugan	Travel Inc		
DOCUMENT NUMB	ER: 11000(	707700		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
-		Name of Contact Person	rrano I Inc	
-	1750	1 11 -	shore Dr. Apt 1211	
-		City/ State and Zip Code		
	Serrwil E-mail address: (to be us		·WM	
For further information	concerning this matter, pleas	se call:		
<u>William</u>	Seriano	at ( 786	716 - 2848	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
	ing Address	Street Address		
	ndment Section	Amendment Section		
	sion of Corporations Box 6327	Division of Corporations		
	hassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to **Articles of Incorporation**

Sax of Tre

Dercol Navel Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000083500	

		<u>+'</u>	110000	<u> </u>			
		(Documen	nt Number of	Corporation (if k	(nown)		
ursuant to the provisions Articles of Incorpora		7.1006, Florida S	tatutes, this I	Florida Profit Co	erporation a	dopts the fo	ollowing amendme
. <u>If amending name</u>	, enter the new r	ame of the corp	oration:				
Elite	2 Travel	USA.	Inc				The new
ame must be disting Corp.," "Inc.," or C ord "chartered," "pr	o," or the desig	nation "Corp,"	"Inc," or "6	Co". A professio	or "incorp onal corpor	orated" or ation name	the abbreviation
Enter new princip			ECC)				
тистрат оззісе аааге	SS <u>MUST BE A S</u>	<u> IKEEI AUUK</u>	<u>ess</u> )	<del></del>			3× 3
							1000
							美量 二
Enter new mailing (Mailing address M	<u>g address, if app</u> MAY BE A POST	<u>licable:</u> ' <i>OFFICE BOX</i> )					
,, <u>-</u>							44
				<del></del>			The second
							22
If amending the re					nter the nai	me of the	77.7
new registered age	ent and/or the no	w registered of	fice address:				
Name of New	Registered Agent						
		<del></del>	(Florida stre	et address)			
New Registere	ed Office Address					_, Florida	
-			(	(City)			(Zip Code)
w Registered Agen	t's Signature, if	changing Regist	ered Agent:				
ereby accept the app					e obligation	s of the pos	sition.
		Signate	ura of Nau P	paistered Agent	if changing		<del></del>

## 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 <math>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 Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				<del></del>
2) Change	· · · · · · · · · · · · · · · · · · ·	<del>_</del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				-
5) Change				
Add		_		
Remove				
RUMOVO				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u>f an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ad	option:		, if other the	an the
date this document was signed.	i	1		
Effective date if applicable:	02/01	12016		
	(no n	more than 90 days after	amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep			ry filing requirements, this date will not be listed	as the
Adoption of Amendment(s)	(CHECK	ONE)		
The amendment(s) was/were adop by the shareholders was/were suf			votes cast for the amendment(s)	
☐ The amendment(s) was/were apprent must be separately provided for a				
"The number of votes cast f	or the amendment	t(s) was/were sufficient f	for approval	
by			,"	
•	(voti <b>n</b> g gre	oup)		
☐ The amendment(s) was/were adoption was not required.	eted by the board	of directors without shar	reholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorpo	orators without sharehol	lder action and shareholder	
Dated3	17 2016	Lak	<b>20</b> .	
Signature		M	<u> Lagrane</u>	
			tors or officers have not been receiver, trustee, or other court	
	d fiduciary by tha		7,	
		William	Serrano	
_	(Typed	or printed name of pers	son signing)	
		Presid	lent	
		(Title of person sig	gning)	

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