## P120000 28603

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
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2019 SEP 23 PH 3: 55



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CRVIP Properties INTERNATIONAL THE
NAME OF CORPORATION: CRVIP Properties INTERNATIONAL INC.  DOCUMENT NUMBER: P 12 0000 28603
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
CRVIP Properties INternational Inc.
114 E. TARPON AVE
TARPON SPrings, FZ 34689  City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jas Hua Fas ten at (727) 5 10 -6706  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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

## Articles of Amendment to [ Articles of Incorporation of

CRVIP Properties INt	FRATIONAL INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P120000 28603	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
VACATION ASSOCIATES ITA	HERNATIONAL THE NEW
VACATION ASSOCIATES TA name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "C word "chartered," "professional association," or the abbreviation "I	Coll. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	114 E. TArpon AVE TArpon Springs, FL 34689
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114 E. Tarpon AVE TArpon Springs , Ft 34689.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	<del></del>
VFlorida stre	et address) 2019 S.
	City) Tip Codet 7
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position. $\frac{\omega}{57}$
Signature of New Re	rgistered 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		ı	
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address
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Remove				1	
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6) Change			J		
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Remove					

Page 2 of 4

acn additional st	heets, if necessary).	(Be specific)		
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n_amendment p	provides for an excha-	nge, reclassification, or ca	ancellation of issued shar	es,
	plementing the ameno ble, indicate N/A)	iment if not contained in	the amendment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Signature  September 18, 2019  Signature  By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
JOSHUA FUSTER	
(Typed or printed name of person signing)	
Presiden+	
(Title of person signing)	