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SECRETARY OF STATEMS DIVISION OF CORPORATIONS

NOV 1- 2012 NOV 1- 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corpora	·-			
NAME OF CORPORA	TION: Orion	Vacation Ho	mesInc	
DOCUMENT NUMBE	R: P12000	0 36 188	<u> </u>	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this mat	tter to the following:		
_	Jennifer			
		Name of Contact Person	1	
		Firm/ Company		
	00 lando, Fl	Magio Way #	304	
	911	Address		
	Orlando, Fl	528/9		
		City/ State and Zip Code		
City/ State and Zip Code Jemifer @ Solara vacation homes. Com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
Jennifer	Hall	at (407	268 6446	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Maili</u>	ng Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Amendment to	DINSECRETARY OF STREET OF CORPOR	S. Proc.
	Articles of Incorporation	12 0- " CORPOR	ATE
Orion Vacationt	Homes Inc.	12 UCT 31 PM 2	-110NS
(Name of Corporation as curren	tly filed with the Florida Dept. of	State)	
P120000 21	6788		
(Document Numb	per of Corporation (if known)		·····
(Document Numb	er or corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Florida Profit C</i>	Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
	1. 1		
	tion Homes I		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co". A profess		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			_
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
,			
	-		
D. If amending the registered agent and/or re-	gistered office address in Florida,	enter the name of the	
new registered agent and/or the new regist			
N CN D 1 14			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zlp Code)	<u> </u>
	(Cily)	(Zip Couc)	
New Registered Agent's Signature, if changing		the obligations of the notities	
I hereby accept the appointment as registered ag	елі. 1 ит јатишт жип апа ассері і	ine ovugations of the positio	14.
Signature	of New Registered Agent, if changing	ng	

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u> </u>	_		
Add				
Remove				
2) Change				
Add		•		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	 .	_		
Add				
Remove				

mending or adding additional Articles (ach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
· · · · · · · · · · · · · · · · · · ·	
ın amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,	
	

The date of each amendment(s) adoption: 10/24/2012
Effective date if applicable: (0/16/2012
(no more than 90 days after amendment file date)
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 10/26/2012
Signature Signature
(By edirector, 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)
Jennifor Hall
(Typed or printed name of person signing)
President
(Title of person signing)