(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		•		





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02/11/13--01028--013 \*\*35.00



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR		VACATION HO	DMES Inc	
DOCUMENT NUMB	<sub>ER:</sub> P120000367	788		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
•	JAMES A. HAL	L		
<u></u>		Name of Contact Person	1	
SOLARA VACATION HOMES				
Firm/ Company				
-	7958 VIA DELLAGIO WAY #304			
Address				
ORLANDO, FL 32819				
_		City/ State and Zip Cod	2	
JAN	MES@SOLARA	VACATIONHO	MES.COM	
		sed for future annual report		
For further information	concerning this matter, pleas	se call:		
JAMES A. H	ALL	at (407	459-4386 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	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)	

# **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	Incorp	oration
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Solo co 1/a	of London	70.	
(Name of Corporation as currently	v filed with the Florida Dep	ot. of State)	<del></del>
P120000		•	
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the contact of the contact	orp," "Inc," or "Co". A pr	any," or "incorporated" or the ofessional corporation name mu	The new e abbreviation ust contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		13 FEF
D. If amending the registered agent and/or registered agent and/or the new registered		ida, enter the name of the	
Name of New Registered Agent		<del>.</del>	S. C. S. L. S. C. S. L.
	(Florida street address)		8
New Registered Office Address:	(City)	, Florida(Zip Code)	
	(01))	(inp coue)	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.		cept the obligations of the position	n.
Signature of i	New Registered Agent, if cha	inging	

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.

X Change	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	JENNIFER HALL	7958 VIA DELLAGIO WAY #304
Add			ORLANDO, FL 32819
X Remove			
2) Change	PT	JAMES A. HALL	7958 VIA DELLAGIO WAY #304
X Add			ORLANDO, FL 32819
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>	-	
Add			
Remove			
5) Change	<del></del>		<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if necessary).	(ве ѕресілс)			
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	<del></del>		1 1		
	<del></del>	<del></del>			
an amendm	ent provides for an exch	ange, reclassific	ation, or cancel	lation of issued sh	ares,
rovisions fo	r implementing the ame plicable, indicate N/A)	ndment if not co	ntained in the a	mendment itself:	
(9 No. up)	medole, maleure 1771				
	·				

The date of each amendment(s) adoption:	02/01/2013
Effective date if applicable:	02/01/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	oting group)
( ×c	ming group)
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
Dated2/1	/2013
Signature	Afal
	sident or other officer – if directors or officers have not been
	corporator – if in the hands of a receiver, trustee, or other court
appointed fiduciar	y by that fiduciary)
	Jomes A Wall
	(Typed or printed name of person signing)
	Project (Title of person signing)