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SECRETARY OF STATE

13 NOV 15 PH 4: 42

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C. LEWIS

NOV 2 1 2013

EXAMINER

te COVERLETTER

TO: Amendment Section Division of Corpor				
- incorrect		1.1		
NAME OF CORPORA	ATION: Treat	t Vocations.	com Irc.	
DOCUMENT NUMB	er: <u>P130</u>	000 88816		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
		Diana S	Hilson	
Correct Name	Gr		n Rewards. Com	Inc.
	7734	Firm/Company	RO.	
_	, , , ,	Ficquette		
	Wine	dermere F	7. 34786	
	···· - · · · · · · · · · · · · · · · ·	City/ State and Zip Coc	le .	
	devineo	inline a ros	ketmail.com	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Diana	Stilson	at (407	ode & Daytime Telephone Number	
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address	
	dment Section		dment Section	
	ion of Corporations Box 6327		on of Corporations n Building	
	nassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Great Vacations. Com Inc.

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

P 1 3 0000 888 16

(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 Manual de montportation.			
A. If amending name, enter the new name of the Great Vacation Rew		Too	
name must be distinguishable and contain the "Corp.," "Inc.," or Go.," or the designation "Cword "chartered," "professional Association," or	word "corporation," Corp," "Inc," or "Co	" "company," or "incorpor o". A professional corpora	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	: <u>able:</u> <i>ADDRESS</i>)	7734 Fie Windermer	guette Rd. z FJ. 34786
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	Same As	above
D. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida stree	t address)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept the obligations	of the position.
Signature o	of New Registered Ag	ent, 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:

 $P = President; \ V = \ Vice \ President; \ T = \ Treasurer; \ S = \ Secretary; \ D = \ Director; \ TR = \ Trustee; \ C = \ Chairman \ or \ Clerk; \ CEO = \ Chief \ Executive \ Officer; \ CFO = \ Chief \ Financial \ Officer. \ If \ an \ officer/director \ holds \ more \ than \ one \ title, \ list \ the \ first \ letter \ of \ each \ officer \ held. \ President, \ Treasurer, \ Director \ would \ be \ PTD.$

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 X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally So	ones		
Type of Action (Check One)	Title		Name		Address
1) Change		_		_	
Add					
Remove					
2) Change		-		_	
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change		_		_	
Add	•				
Remove					
5) Change		_		_	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
6) Change		_		-	
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the an (if not applicable, indicate N/A)	
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(y nor appricable, malcale NA)	iendment itself:
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<u> </u>	

	APPROVEU A n D
The date of each amendment(s) adoption:date this document was signed.	AND FILED, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendate)	SECRETARY OF STATE ment file date) LLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes caby the shareholders was/were sufficient for approval.	st for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by Diana Stilson	22
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder acti action was not required.	on and shareholder
Dated 11-11-13 Signature Riana Skilson	
(By a director, president or other officer - if directors or o	
selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	; trustee, or other court
Diana Stilso (Typed or printed name of person	\sim
(Typed or printed name of person	on signing)
President	

(Title of person signing)