

P14000013147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

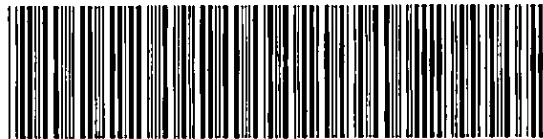
(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

NOV 13 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2018

CORPORATION SERVICE COMPANY  
ROXANNE TURNER

SUBJECT: S.O.I. ACQUISITION CORP.  
Ref. Number: P14000013147

**RESUBMIT**

Please give original  
submission date as file date.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 618A00023047

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DIVISION OF STATE  
18 NOV -9 AM 12:45

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 472417 8187295

AUTHORIZATION :



COST LIMIT : \$ 35.00

-----  
ORDER DATE : November 5, 2018

ORDER TIME : 9:14 AM

ORDER NO. : 472417-015

CUSTOMER NO: 8187295  
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DOMESTIC AMENDMENT FILING

NAME: S.O.I. ACQUISITION CORP.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: S.O.I. ACQUISITION CORP.

DOCUMENT NUMBER: P14000013147

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA BROWN  
Name of Contact Person  
S.O.I. ACQUISITION CORP.  
Firm/ Company  
6262 SUNSET DRIVE  
Address  
MIAMI, FL 33143  
City/ State and Zip Code

SANDRA.BROWN@INTERVALINTL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA BROWN at ( 305 ) 925-7011  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 Incorporation  
of

S.O.I. ACQUISITION CORP.

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

P14000013147

(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. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED  
18 NOV -7 AM 9:29  
STATE OF FLORIDA  
TALLAHASSEE

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D, EVP</u>	<u>WILLIAM L. HARVEY</u>	<u>6262 Sunset Drive</u>
<input type="checkbox"/> Add			<u>Miami, FL 33143</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S, SVP</u>	<u>VICTORIA J. KINCKE</u>	<u>6262 Sunset Drive</u>
<input type="checkbox"/> Add			<u>Miami, FL 33143</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D, T, SVP, CAO</u>	<u>JOHN A. GALEA</u>	<u>6262 Sunset Drive</u>
<input type="checkbox"/> Add			<u>Miami, FL 33143</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D, EVP</u>	<u>JOHN E. GELLER, JR.</u>	<u>6262 SUNSET DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33143</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D, S, SVP</u>	<u>JAMES H. HUNTER, IV</u>	<u>6262 SUNSET DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33143</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T, SVP</u>	<u>JOSEPH J. BRAMUCHI</u>	<u>6262 SUNSET DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33143</u>
<input type="checkbox"/> Remove			

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:

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Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	AS	MICHELE L. KEUSCH	6262 SUNSET DRIVE
<input checked="" type="checkbox"/> Add			MIAMI, FL 33143
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	AS	DANIEL B. ZANINI	6262 SUNSET DRIVE
<input checked="" type="checkbox"/> Add			MIAMI, FL 33143
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible][illegible]



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 19, 2018 \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, 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)

VICTORIA J. KINCKE

\_\_\_\_\_  
(Typed or printed name of person signing)

SECRETARY

\_\_\_\_\_  
(Title of person signing)