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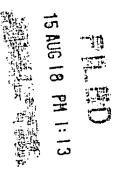
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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AUG 2 1 2015 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations Time Share Relief Pro, bold NAME OF CORPORATION: DOCUMENT NUMBER: 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 Firm/ Company For further information concerning this matter, please call: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

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Articles of Am	endment
to	
Articles of Inco	rporation " E
of O	
Time Share Relief Pro,	NC
(Name of Corporation as currently	filed with the Florida Dept. of State) 💮 🦠 🎏 🧭 🥏
<u>P15000</u>	D58984 ==
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". 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>)	1433 Saffran Trail Deland FL 32724
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1433 Saffran Trail Deland FL 32724
D. If amending the registered agent and/or registered office address: Name of New Registered Agent 1433 S. Florida stree New Registered Office Address: New Registered Office Address:	Pefusco ran Trail.

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

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PI	Daigle, Paul	109 Live Osks Blud Suite 180548 Casselberry FL 3270
		J	Suite 180548
Remove			Casselberry FC 3270
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
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Remove			
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5) Change	<u></u>		
Add			
Remove			
6) Change		_	
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Remove			

. If amending	y or adding additional Artional sheets, if necessary).	ticles, enter char	nge(s) here:			
(Attach adan	ionai sneeis, ij necessary).	(Be specific)				
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lf an amend	ment provides for an exc	hange, reclassifi	cation, or cance	ellation of issued	shares,	
if not	for implementing the am applicable, indicate N/A)	endment if not co	ontained in the	amendment itself	<u>:</u>	1
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The date of each amendment(s) adoption: 29-15 7-9-15. if other than the
The date of each amendment(s) adoption:
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 W
(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
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)
(Typed or printed name of person signing)
CEO. V.O.