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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: As You Wish Vaca	ntion Incorporated			
DOCUMENT NUM	D1600046162				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Valerie Leilani Mixon				
	Name of Contact Person				
	As You Wish Vacation Incorporated				
		Firm/ Company			
	7010 NW 39th CT				
	Address				
	Coral Springs, Florida 33065				
	City/ State and Zip Code				
	lmixon@dreamvacations.com	n			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Leilani Mixon		954 at (830-0255		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

As You Wish Vacation Incorporated

78 1 ou Wish Vacation incorporated	Glad with the Ularida Dept of State)
As You Wish Vacation Incorporated	filed with the Florida Dept. of State)
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
As You Wish Vacations, Inc.	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 FEB 10 -
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the position.
Signature of New R	egistered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			<u></u>
Add			*****
Remove 3) Change			
Add			
Remove			
4) Change	<u> </u>	<u> </u>	
A dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
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·	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u>_</u>
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	iment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(s	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
hy	"	
	(voting group)	
Februar Dated Signature	y 4, 2020 Illy 1 / Op	
(By	a director, president or other officer - if directors or officers have not	
	cted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	er court
	Valerie Leilani Mixon	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	