P15000070127

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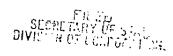
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	LIFETIME VACATIONS GROUP, INC				
DOCUMENT NUMBER:	P15000070127				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence co	oncerning this matter to the following:				
	HEATHER L ALBANY				
	Name of Contact Person				
	LIFETIME VACATIONS GROUP, INC				
	Firm/ Company				
	5824 SOUTHPORT DRIVE				
	Address				
	PORT ORANGE FL 32127				
	City/ State and Zip Code				
	LIFETIME.VACATIONS@YAHOO.COM				
E-mail	address: (to be used for future annual report notification)				
For further information concerning	this matter, please call:				
HEATHER ALBANY	at (386) 451 · 1455				
Name of Contact P	erson Area Code & Daytime Telephone Number				
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:				
	75 Filing Fee & Status				
Mailing Addres					
Amendment Sec Division of Corp					
P.O. Box 6327	Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LIFETIME VACATIONS GROUP, INC

15 SEP 28 PM 3: 49

(Name of Corporation	as currently filed v	vith the Florida I	Dept. of State)

	P15000070127
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
name must be distinguishable and contain the wo "Corp.," "hic.," or Co.," or the designation "Corp Hord "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation "p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable	le·
(Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
·	(Florida street address)
N. B	<u> </u>
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Re- thereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
	· · ·
Sigi	nature 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:

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>v</u>		BRIAN C. CAMPBELL	413 N YONGE STREET
. K Add				ORMOND BEACH, FL 32174
Remove				- Migration
2) Change				
Add				-
Remove				
3) Change				
Add				
Remove				• TV-
4)Change		_		
Add				***************************************
Remove				
5)?Change				
Add				
Remove				-
6) Change		_		
Add				
Remove				

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		Cross J. L. CO
Effective date if applicable:		DIVISION OF STATE AND STATE OF
** *	(no more than 90 days after amendment file da	15 SED 20
Note: If the data incerted in thi	s block does not meet the applicable statutory filing requireme	15 SEP 28 PH 3: 49
document's effective date on the		his, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ar sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
, -	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	reholder
Dated_SEPTEN	BER 23, 2015	
Signature	Heather albany	
	director, president or other officer - if directors or officers have	
	sted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	r other court
1 2 3	, -, -,, -, -,, -,	
the second	HEATHER L ALBANY	
	(Typed or printed name of person signing)	
•	PRESIDENT	
	(Title of person signing)	