(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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January 8, 2016

ZSUZSANNA BARJAN 1035 GREENWOOD BLVD STE 217 LAKE MARY, FL 32746

SUBJECT: HOTELSPRO INC. Ref. Number: P15000087862

We have received your document for HOTELSPRO INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have checked two boxes under adoption of amendment. Please only check one box.

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.

Letter Number: 116A00000540

Rebekah White Regulatory Specialist II

COVER LETTER

TO: Amendme	ent Section of Corporations			
	•			
TO STANKE OF OR	ORPORATION: HOTELSPRO INC			j:
NAME OF C				† ·
DOCUMENT	NUMBER: P15000087862	<u>'</u>	N. FET	<u> </u> :,
-V] · ·				
The enclosed	Articles of Amendment and fee are su	bmitted for filing.		
Please return a	Il correspondence concerning this ma	tter to the following:		
	ZSUZSANNA BARJAN	·		
		Name of Contact Person	1	1
emploses processors and the extreme	HOTELSPRO INC			
. '		Firm/ Company		+
	1035 GREENWOOD BOUL	• -		
de est m		Address		
	LAKE MARY, FL 32746	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
機関をよう。 機能では		City/ State and Zip Cod	8	<u> </u>
	susan@metglobal.com			
		sed for future annual report	notification)	+ ,
		, , , , , , , , , , , , , , , , , , ,	.xovix.vaaoii,	
Day Austras inf	ormation concerning this matter, plea	04 AAII.		
to immer m	ormanon concemnig any manet, bies	se call.		
. ZSUZSANN	ABARIAN	212	239-1410	
		at (_)	
	Name of Contact Person	Area Co	de & Daytime Telephone ?	umber
Enclosed is a	check for the following amount made	payable to the Florida Depa	artment of State:	
	В Пентин	F-1 - (A	m.	
🖺 🖺 \$35 Filing	Pee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee &	□\$52.50 Filing Fee Certificate of Status	1.
	Certificate of Status	Certified Copy (Additional copy is	Certified Copy	
4.		enclosed)	(Additional Copy	:
ir Na		enoicodd)	is enclosed)	
#4. (+ · · ·			•	
	Mailing Address		Address	
Region 1	Amendment Section		lment Section	
期的一个	Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building				
排金寸	Tallahassee, FL 32314		xecutive Center Circle	<i>;</i>
10,15	•	Tallaha	issee, FL 32301	l

Articles of Amendment to Articles of Incorporation of

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SECRETAR FOR STATE TALLAHASSIE FLORIDA

HOTELSPRO INC

· ·		 	
	ly filed with the Florida Dept. of Sta	<u>(te</u>)	
15000087862] :	
(Document Number of	of Corporation (if known)		!
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts th	followin	gamendment
If amending name, enter the new name of the corporation:			
			The new
me must be distinguishable and contain the word "corporation Torp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "rd"chärtered," "professional association," or the abbreviation	"Co". A professional corporation no	or the a	bbreviation
Enter new principal office address, if applicable:	1035 GREENWOOD BOULEVA	RID SUIT	E 217
rincipal office address MUST BE A STREET ADDRESS)	LAKE MARY , FL 32746		
		· -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1035 GREENWOOD BOULEVA	RD SUIT	B 217
	LAKE MARY, FL 32746		
	 	·	1
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		<u>ic</u> .	
AMT AT	5 <u>.</u>		
Name of New Registered Agent			
] :	
(Florida si	treet address)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
New Registered Office Address:	, Florid		1
	(Clty)	(Zip	Code)
		ĺ	
w Registered Agent's Signature, if changing Registered Agent breby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the	position.	
And the second of the second o			
Signature of New	Registered Agent, if changing		
in the second se		· .	

address of each Office (Attach additional shee Please note the officer/	er and/or I ets, if neces director til	Director being added: sary) lle by the first letter of the office title:	officer/director being removed and title, name, and	
Executive Officer; CFI held. President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Remo	O = Chief wer, Direct ted in the fo leaves the c	Financial Officer. If an officer/director hold tor would be PTD. ollowing manner. Currently John Doe is listed	; TR= Trustee; C - Chairman or Clerk; CEO = Chief Is more than one title, list the first letter of each office Is as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,	
Example: X Change	PI	John Doe		
X Remove	<u>v</u>	<u>Mike Jones</u>		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	S/D	ZSUZSANNA BARJAN	1035 GREENWOOD BLYD	
Add		,	SUITE 217	
Remove			LAKE MARY, FL 32746	
	P/D	HOTELSPRO DMCC	SABA TOWER 1, DEFICE 502	
X Add		_	Jumeirah Lake Towers, Duk	\propto
Remove			PO BOX 392259 VAE	
3) Change				
Add				
Remove				
4) Change				
Add		· · · · · · · · · · · · · · · · · · ·		
Remove				
5) Change				
Add				
Remove				
		·		
6) Change				
Add				
Remove				

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	,	
(Attach additional sheets, if necessary). (Be specific)	ļ	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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	01/21/2016			ij		:	
The date of each amendme		<u> </u>		if	other	than	th
date this document was sign		-			,	1	
Effective date if applicable	e · ·	1			;		
1.15	(no more than 90 days after amendment file date)					- }	
	in this block does not meet the applicable statutory filing requirements, this in the Department of State's records.	date	will	oot l	be list	ted as	th
Adoption of Amendment(s	(CHECK ONE)				•	:	
	were adopted by the shareholders. The number of votes cast for the amendment were sufficient for approval.	t(s)			•		
	were approved by the shareholders through voting groups. The following state ided for each voting group entitled to vote separately on the amendment(s):	meni	t				
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval						
by			•			1 .	
-, <u></u>	(voting group)				•		
The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareho	lder				:	
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder				:	:	
	/21/2016	!				!	
Dated Signature	n						
	(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)			1			
	ZSUZSANNA BARJAN		•			;	
	(Typed or printed name of person signing)	1		Ť		-	
	SECRETARY						
	(Title of person signing)	+		Ť	;	-	