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SECRETARY OF STATE TAIL AND A PROPERTY OF STATE AND A

JUL 0 7 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BILTMORE VAC	CATION RENTALS, INC			
DOCUMENT NUMB					
	of Amendment and fee are si	ubmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	JAMES MAYES				
-		Name of Contact Perso	n		
	BILTMORE VACATION R	ENTALS, INC			
~		Firm/ Company			
	2420 ENTERPRISES RD., STE.200				
-	· · · · · · · · · · · · · · · · · · ·	Address			
1	CLEARWATER, FL 33763				
-	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	le		
JIM@	BILTMOREGRP.COM				
		sed for future annual report	notification)		
	,	•	,		
For further information	concerning this matter, pleas	se call:			
JAMES MAYES		at (<u></u>	804-7842		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	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		Street Address			
	idment Section	Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

BILTMORE VACATION RENTALS, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)			
P16000046405				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the follow	ing amendme	nt(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 "I	o". A professional corporation name mus	abbreviation	Programmes and the second seco	
B. Enter new principal office address, if applicable:		17°CU	prosector :	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u> </u>	, سبهه	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2420 ENTERPRISE RD., STE.200			
	CLEARWATER, FL 33763			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the			
Name of New Registered Agent				
		<u>.</u>		
(Florida stree	et address)			
New Registered Office Address:	, Florida			
(1)	City) (Zi	ip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position	<i>1</i> .		
Signature of New Re	oistered 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 <math>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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CHLOE PARKER	2420 Enterprise Rd. Ste. 200
XAdd			Clearwater, FL 33763
Remove		·	
2) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			······
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 dat document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
6/24/16	
DatedSignature	
(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)	t
James Mayes	
(Typed or printed name of person signing)	
President	

(Title of person signing)