P16000051662

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SECRETARY OF STATE

JUL 5 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Vacation Marketin	g Associate Inc		
DOCUMENT NUMB	ER: P16000051662			
	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	Ryan O'Grady			
•		Name of Contact Person	1	
,	Vacation Marketing Associat	te Inc		
-		Firm/ Company		
	1667 S. US HWY 17-92, sui	te 109		
Address				
!	Longwood FL 32750			
-	 	City/ State and Zip Code	2	
ryan@	TelecomElite.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Ryan O'Grady		at (321	352-0263	
Name o	f Contact Person	Area Co	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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE SIVISION OF CORPORATION

Vacation Marketing Associate Inc

2016 JUN 28 PM 12: 52

to

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000051662	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. 15-4	N/A
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	the state of the s
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
> -1	
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: XChange	PT Jo	o <u>hn Doe</u>	
X Remove	<u>V</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l)Change	D	ROBERTO HERRERA	1667 SOUTH US HWY 17-92
Add			SUITE 109
X Remove			LONGWOOD FL 32750
2) Change	D	PATRICIA LEE VAREIKA	1667 SOUTH US HWY 17-92
X Add	***************************************		SUTTE 109
Remove			LONGWOOD FL 32750
3)Change			
Add			
Remove			
4)Change			
Add			, , , , , , , , , , , , , , , , , , ,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

: It amend (Attach a	L If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<u>provisi</u>	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	FIL tike ther than the
date this document was signed.	DIVISION OF CORPORATION
06/20/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	, 2016 JUN 28 PM I2 : 52
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and si action was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehaction was not required.	nolder
Dated	
Signature Tatricia Caraila	
(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 o	ther court
appointed fiduciary by that fiduciary)	
Patricia Vareika	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	