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COVER LETTER

TO: Amendment Section Division of Corporations <u>~</u>

NAME OF CORPO	DRATION: DELUXETRAVE	EL CONSULTA	ANTS, INC.	
DOCUMENT NUM	IBER: P17000040106		<u>.</u>	
	s of Amendment and fee are su	bmitted for fill	ing.	
Please return all corr	espondence concerning this ma	atter to the follo	owing:	
	SEAN J. SEELY			
		Name of Co	ontact Person	1
	LYNCHARD & SEELY, PL	LC		
		Firm/ (Company	
	1901 ANDORRA STREET			
	, 	Ad	dress	
	NAVARRE, FLORIDA 3256	56		
		City/ State a	and Zip Cod	C
	ESERVICE@SEELY-LAW.	СОМ		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	on concerning this matter, pleas		850	936-9385
Name	of Contact Person	at (de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the	Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ((Additional enclosed)	Copy Leopy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address lendment Section vision of Corporations D. Box 6327 lahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation

of

DELUAE FRAVEL CONSULTANTS,	INC.		ma Z
(<u>Name</u>	of Corporation as current	y filed with the Florida Dept. of State)	7. v =
P17000040406			2 6
· · · · · · · · · · · · · · · · · · ·	(Document Number o	f Corporation (if known)	.,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbrevious professional corporation name must con	
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
	,		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		PO BOX 1266	
waning address WAT BE A FOST	OFFICE BOX)	FREDERICKSBURG, TX 78624	
		FREDERICKSBURG, 1A 78024	
). If amending the registered agent ar			
new registered agent and/or the ne			
Name of New Registered Agent	LYNCHARD & SEELY, I	*LLC	
	1901 ANDORRA STREET	r	
	(Florida str	eel address)	
No. Decisional Office Address	NAVAARE	. Florida 32566	j
New Registered Office Address:		, ```	ip Cade)
			,,
lew Registered Agent's Signature, if c	hanging Registered Agent:	:	
		vith and accept the obligations of the positio	n.
		_	
		7	
			
	Signature of New Ro	egistered Agent, if changing	
Theck if applicable	/)		
Check if applicable		Table 6	

☐ The amendment(s) is/are being filed pursuant to s. 60 ₹0128 (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)

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:

A Change	<u>P1</u>	Jour Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		-	,
Add			ne ne in
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(f) Change			
Add			
Remove			

The state of the s	(Be specific)
	. , , , , , , , , , , , , , , , , , , ,
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament is not contained in the amendment usen:
(3)	
	· · · · · · · · · · · · · · · · · · ·

•

The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block do ocument's effective date on the Departme	pes not meet the applicable statutory filing requirent of State's records.	rements, this date will not be listed as the
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without s	hareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes east for the total transfer of the shareholders.	he amendment(s)
	by the shareholders through voting groups. The footing group entitled to vote separately on the ame	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 8 2	2021	
Signature	relieble L. Abram	Δ
selected, by ar	president or other officer – if directors or officers incorporator – if in the hands of a receiver, truste ciary by that fiduciary)	
	Michelle L. Abra	ims
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	

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