P17000080516

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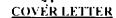
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: QUALITY TIME Y	VACATIONS INC
DOCUMENT NUMBER: P17000080516	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
MICHAEL ANZALONE-ST	ORCHEVOY
	Name of Contact Person
QUALITY TIME VACATIO	NS. INC
	Firm/ Company
222 COMMERCIAL BLVD.	, ,
	Address
LAUDERDALE-BY-THE-SI	
	
	City/ State and Zip Code
QUALITYTIMEVAC@GMAIL.C	OM
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas MICHAEL ANZALONE-STORCHEVOY	e call:at (516
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

QUALITY TIME VACATIONS, INC 2017 DEC 18 P 1:50 (Name of Corporation as currently filed with the Florida Dept. of State) P17000080516 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: 1470 SW 45TH WAY (Mailing address MAY BE A POST OFFICE BOX) DEERFIELD BEACH, FL 33442 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John De	<u>ne</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) X Change	Р		MICHAEL ANZALONE-STORCHEVOY	222 COMMERCIAL BLVD.		
Add				SUITE 205		
Remove				LAUDERDALE BY THE SEA,FL 3330		
2) Change				·		
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add				4.00 m		
Remove						
6) Change						
Add						
Remove						

E. If amend	ling or adding additional Ardditional sheets, if necessary)	ticles, enter change(s) here: (Be specific)	
	acational sneets, if necessary)	the specific	
N/A			
			
	· -		
			_ <u>_</u> _
	<u> </u>		
	.		
F. <u>If an am</u>	endment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisio (if n	ons for implementing the amount of applicable, indicate N/A)	nendment if not contained in the amendment itself:	
	na applicano, materio (11.11)		
N/A		-	
			
			

	12/10/2017	
The date of each amendment(s) adoption;	, if other than the
date this document was signed.		
Effective date if applicable:	12/10/2017	
r. nective date <u>ii applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date Department of State's records.	nte will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(see sufficient for approval.	s)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
. ———	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
action was not required.		
12/10/ Dated	2017	
Signature		
sel	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	rt
	MICHAEL ANZALONE-STORCHEVOY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .