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2021 HAR 23 AM 7: 00 SECRETARY OF STATE

A. Butler

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CANCALLY	al Crossing Resorts. Inc.
DOCUMENT NUMBER: P 2000	X72115
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Concideral III N. Or Orla E-mail address: (to be use	Name of Contact Person (1055) ng Resorts Inc. Firm/ Company Cange Ave. Stc. 800 Address City/ State and Zip Code (NGC Fleted Copital com d for future annual report notification)
For further information concerning this matter, please	call:
Name of Contact Person Enclosed is a check for the following amount made parts	at (407) 627-0559 Area Code & Daytime Telephone Number ayable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Canaveral Crossing Resorts	
(Name of Corporation as currently	
P200000 72115	PEODLY - OF STATE
	Corporation:(if known) 202E, Fi
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florid	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	_ NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Florida stree	(address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:	ייים	LL D.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional al sheets, if necessar				
Actic	le IV				
	iber of		he corpor	ation is	authoriz
	<u>)</u>	<u>0.000</u> ,	<u> </u>		
					<u>.</u>
<u>provisions for</u>	nt provides for an implementing the licable, indicate N/A	amendment if <u>not</u> c	cation, or cancellat ontained in the am	ion of issued shares, endment itself:	
		NIA	_		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after a	
(no more than 90 days after a	imendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient to	for approval
by	
(voting group)	
Dated 03 17,200	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
Aaron Bata (Typed or printed name of person	
Locorporo	Hor
(Title of person signing)	