

P22000005047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

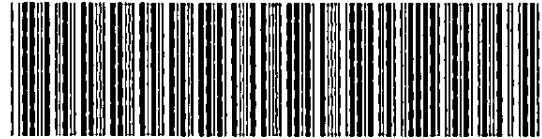
(Business Entity Name)

(Document Number)

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file date  
12/20/2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2024

COGENCY GLOBAL

SUBJECT: LEGACY HOSPITALITY HOLDINGS INC.  
Ref. Number: P22000005047

We have received your document for LEGACY HOSPITALITY HOLDINGS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA BENEFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 724A00027687

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correction



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 01/09/2025

Name: Cheyenne Davis

Reference #: 2597196

Entity Name: ANDCO HOSPITALITY, INC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

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Authorized Amount: \$35.00

Signature: *Cheyenne Davis*



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/09/2025

Name: Cheyenne Davis

Reference #: 2597196

Entity Name: ANDCO HOSPITALITY, INC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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Authorized Amount: \$35.00

Signature: *Patrice*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Legacy Hospitality Holdings, Inc., a Florida Benefit Corporation

**DOCUMENT NUMBER:** P22000005047

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Gonzalez  
\_\_\_\_\_  
Name of Contact Person  
Legacy Hospitality Holdings, Inc.  
\_\_\_\_\_  
Firm/ Company  
PO Box 690595  
\_\_\_\_\_  
Address  
Orlando, FL 32869  
\_\_\_\_\_  
City/ State and Zip Code  
samantha.gonzalez@legacyvacationresorts.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Black at ( 571 ) 249-9629  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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TALLAHASSEE, FL

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Articles of Amendment  
to  
Articles of Incorporation  
of

Legacy Hospitality Holdings, Inc., a Florida Benefit Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000005047

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

andCo Hospitality, Inc., a Florida Benefit Corporation

*The new 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."*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

n/a

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

n/a

**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*

n/a

*(Florida street address)*

*New Registered Office Address:*

n/a

*(City)*

Florida

*(Zip Code)*

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**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	n/a		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:**

☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

The purpose of the Corporation shall include creating a material positive impact on society and the environment,

taken as a whole, from the business and operations of the Corporation and to engage in any lawful business that

may be engaged in by a corporation, as such business activities may be determined by the Board of Directors

from time to time.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

n/a

The additional qualifications of Benefit Director(s), if any, are as follows: n/a

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: n/a

Name and Title: Jared M. Mevers, President

Address:

Address: 8451 Palm Parkway

Orlando, FL 32836

(Include attachment if necessary)

☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

n/a

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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**F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:**

- ☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The public benefit for which the corporation is organized is:

n/a  
\_\_\_\_\_  
\_\_\_\_\_

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

n/a  
\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are as follows: n/a  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: n/a Name and Title: n/a

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Include attachment if necessary)

- ☒ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

n/a  
\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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**G. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

n/a

**H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

n/a

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7-10

December 17, 2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

January 1, 2025

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
- "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 shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 01 / 08 / 2025 \_\_\_\_\_

Signature Jared Meyers, President  
(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)

Jared M. Meyers  
\_\_\_\_\_  
(Typed or printed name of person signing)





Director  
\_\_\_\_\_  
(Title of person signing)

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Title	Revised LHH Name Change
File name	file
Document ID	6ef3a49cc45b4a3277b052f27476f2600d3321df
Audit trail date format	MM / DD / YYYY
Status	◦ Signed

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Document History

 SENT	01 / 08 / 2025 19:20:49 UTC	Sent for signature to Jared Meyers (jared.meyers@legacyvacationresorts.com) from samantha.gonzalez@legacyvacationresorts.com IP: 75.112.128.66
 VIEWED	01 / 08 / 2025 19:45:19 UTC	Viewed by Jared Meyers (jared.meyers@legacyvacationresorts.com) IP: 104.28.94.150
 SIGNED	01 / 08 / 2025 20:14:41 UTC	Signed by Jared Meyers (jared.meyers@legacyvacationresorts.com) IP: 140.248.0.108
 COMPLETED	01 / 08 / 2025 20:14:41 UTC	The document has been completed.

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