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COR AMND/RESTATE/CORRECT OR O/D RESIGN VACATION TODAY INC.

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(((H22000205325 3)))

COVER LETTER

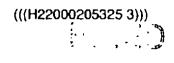
TO: Amendment Section Division of Corporations NAME OF CORPORATION: VACATION TODAY INC. DOCUMENT NUMBER: P22000013334 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Contact Person INCFILE.COM LLC Firm/ Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/ State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSONV Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fcc **□\$43.75** Filing Fee & □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(((H22000205325 3)))

VACATION TODAY INC.

2022 JUN 13 PM 12: 31

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P220000	013334
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	510 Ramsdell Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Altamonte Springs, FL 32714
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	510 Ramsdell Ave
	Altamonte Springs, FL 32714
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

Example:

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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.

X Change	<u>PT</u>	John Du	<u>×</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	enes.	
_X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	DIR	_	Angelisa Christian	510 Ramsdell Ave
Add				Altamonte Springs, FL 32714
Remove				
2) X Change	DIR		Jamie Christian	510 Ramsdell Ave
Add				Altamonte Springs, FL 32714
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	(((H22000205325
	
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If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	of issued shares, ment itself:
provisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
provisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
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The date of each amendment(s) as date this document was signed.	ption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
06/13/2022 Dated	
Signature	ralisa Christian
	ector, president or other officer - if directors or officers have not been
	by an incorporator - if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
	angelisa Christian
	(Typed or printed name of person signing)
	resident
	(Title of person signing)