Pa40051750

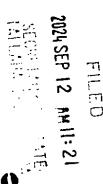
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500436191425

09/12/24--01020--017 **35.00



COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: ONE STOP VACATIONS INC. DOCUMENT NUMBER: P24000051750 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DEBORA WILDER, CPA Name of Contact Person THE WILDER GROUP Firm/ Company 4020 PARK ST N SUITE 103 Address SAINT PETERSBURG, FL 33709 City/ State and Zip Code deb@thewildergroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEBORA WILDER, CPA Area Code & Davtime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ONE STOP VACATIONS INC.	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tiop:
ONE STOP VACATIONS OF FLORIDA INC.	The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "Chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
D. Estas and acinated office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office and registered agent and/or the new re	
· · · · · · · · · · · · · · · · · · ·	orida strect address)
V. D. Comp. J. (1977) and A. Harrison	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: miliar with and accept the obligations of the position. f New Registered Agent, if changing
Check if applicable [] The amendment(s) is/are being filed pursuant to s, 607.012	2 0 (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: X Change	<u>PT</u>	John Do	P			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	\underline{SV}	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change				<u> </u>	-	
Add						
Remove					-	
2) Change					-	
Add						
Remove 3) Change		_			-	
Add						
Remove					_	
4) Change		_	·			
Add						· .
Remove					-	
5) Change		_			-	
Add						
Remove					_	
் Change						
Add					•	
Remove					-	 -

. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	r(s) here:
Α	
A	
	i i
If an amendment provides for an exchange, reclassification	tion, or cancellation of issued shares,
provisions for implementing the amendment if not con	tained in the amendment itself:
(if not applicable, indicate N/A)	
A	
	
	

; * ;

AUGUST 15, 2024 The date of each amendment(s) adoption: _ , if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 🗏 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) AUGUST 15, 2024 Dated (By a directo), 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) SHERYL STYPUL (Typed or printed name of person signing) PRESIDENT

(Title of person signing)