## 793000086116

(Ře	questor's Name	<del></del>
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(Ad	dress)	- <u></u> -
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	-
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Office Use Only

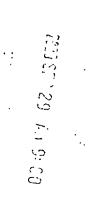


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MW.ONS

SEP 3 0 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 \* Tallahassee, Florida 32301 (850) 224-8870 \* 1-800-342-8062 \* Fax (850) 222-1222

	<u></u>			
KEY WEST VACATION	ON COMPA	NY		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
	<b>-</b>			Driving Record
Requested by: Seth	00/24/20			UCC 1 or 3 File
	09/24/20 Data	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Thomasure GA 8/00	Will Pick Up			Courier



September 28, 2020

CAPITAL CONENCTION INC

SUBJECT: KEY WEST VACATION COMPANY

Ref. Number: P93000086716

We have received your document for KEY WEST VACATION COMPANY 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 LLC, but your entity is a FLORIDA CORP. Please complete and return the enclosed blank form(s).

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

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

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 720A00018592

25+10=35 El

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Key West Va	cation Company	17.17.
DOCUMENT NUMBER:	P93000086716		
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
Robert A	A. Spottswood, J	r.	
<del></del>		Name of Contact Persor	1
Key We	st Vacation Cor	npany	
<del> –</del>		Firm/ Company	
506 Flen	ning Street	•	
		Address	
Key We	est, FL 33040		
		City/ State and Zip Code	
robert@ E-ma For further information concerning	·	ed for future annual report	notification)
Robert A. Spottswood, Jr.		at ( 305	) 294-5225
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
<del>-</del>	5.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio The Co 2415 N	Address iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

Ю

Kev West Vacation Company

of

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(Name of Corporation as current)	ly filed with the Florida Dept. of State)	<del></del>
P93000086716	•	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following am	endment(s
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "C 4 professional corporation name must contain the	e new 'orp ,'' e ward
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del></del>
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 add new registered agent and/or the new registered office address	<u>::</u>	
Name of New Registered Agent		
(Florida str	veet oddress)	
New Registered Office Address:		
	tCity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	:: with and accept the obligations of the position.	
Signature of New R	legistered Agent, if changing	
Check if applicable		

The amendment(s) is/are being filed pursuant to s. 607.0120 (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 > Chairmon 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 Vergree 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 Doe	S. Carlotte and Car
X Remove	<u>v</u>	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Rick Haskins	506 Fleming Street. Key West, FL 33040
X Add			4
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pensove			

famending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	<u> </u>
	2013 SEP 29 ATT 9: 00
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	n, or cancellation of issued shares, ned in the amendment itself:
	·

.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file LS 1847 25	<sup>date)</sup> n: 9: 00
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for th fficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The fole each voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	lector, president or other officer—if directors or officers to by an incorporator—if in the hands of a receiver, trusted	
appoint	ed fiduciary by that fiduciary)	0
	ROBERT A-SPOTTING	γγ.
	(Typed or printed name of person signing)	
	VP	
	(Title of personsigning)	