P94000045961

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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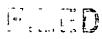
COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: Florida Lifestyles Vacation Pentals Inc			
OCUMENT NUMBER:P94 0000 45961			
he enclosed Articles of Amendment and fee are submitted for filing.			
lease return all correspondence concerning this matter to the following:			
Frank Vandebot Name of Contact Person Florida Lifes Has Vacation Rentals			
Florida Lifestyles Vacation Rentals Pirm/Company 19713 Gulf Blvd.	-		
Indian Shores, FL 33785			
City/State and Zip Code Frankie @ Vbscan. com			
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:			
Frankie Vandeboc at 813 , 220 0007 Name of Contact Person Area Code & Daytime Telephone Number			
	21		
inclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



•	of		
- Florida Life	styles Vacat	ion Rentals Inc	2022 DEC - 1 AH 7: 43
		filed with the Florida Dept. of S	MALLA MASSEE, FI
	045961		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
NA			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cos" chartered," "professional association," o	rp." "Inc," or "Co". A	ompany," or "incorporated" or th professional corporation name	e abbreviation "Corp.,"
B. Enter new principal office address, if	applicable:	NA	
(Principal office address MUST BE A STI			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of December 2) D. If amending the registered agent and new registered agent and/or the new second control of the new second con	FFICE BOX) or registered office addre	NA PA PASS in Florida, enter the name of	the
Name of New Registered Agent	NIA		
_	(Florida stre	et address)	.
New Registered Office Address:		Ela	ui.d.,
		, Floi City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register		ith and accept the obligations of t	he position.
	Signature of New Re	gistered 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = Président; 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Frank Vandebre	
X Add			
Remove	_		
2) Change	<u>VP</u>	Steven Rodriguez	
Add		\smile	
Remove Change	<u>M</u>	Lisa Vandeboe	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or ad</u> (Attach <i>additional</i> :	sheets, if necessary).	. (Be specific)	erop mest.			
. 1/1	Α					
N 1	. 1					
						
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. <u>If an amendment</u>	provides for an exc	change, reclassific	ation, or cancella	ition of issued sha	res,	
provisions for im	iplementing the am	endment if not co	ntained in the an	nendment itself:		
1	able, indicate N/A)					
1/1	\					
,						

The date of each amendment(s) adoption late this document was signed.	n:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the art for approval.	mendment(s)
	by the shareholders through voting groups. The follow ofting group entitled to vote separately on the amendment	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 11 251 7	2022	
Signature		
(By a director, selected, by ar	president or other officer – if directors or officers have n incorporator – if in the hands of a receiver, trustee, or iciary by that fiduciary)	
<u> </u>	Frank Vandelooe	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	