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2019 NOV -8 PM 2: 14

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Carefree Vacations	s four all seasons, Inc			
DOCUMENT NUMI	P96000001195				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Deborah Williams				
	Name of Contact Person				
	Carefree Vacations four all seasons				
	Firm/ Company				
	5498 4th St South				
	Address				
	Saint Petersburg, Florida 33705				
		City/ State and Zip Cod	e		
cruise	eandtours@live.com				
	•	sed for future annual report	notification)		
			,		
For further information	n concerning this matter, pleas	se call:			
Debbie Williams		at (⁷²⁷⁻⁵²³⁻⁷⁵⁸⁶)			
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



Carefree Vacations Four All Seasons, Inc		2019 NOV -8	P# 2, 10
(Name of Corporation	on as currently filed with the	Florida Dept. of State)	-
P96000001195			
(Docum	nent Number of Corporation (if	known)	· · · · ·
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following amen	idment(s) to
A. If amending name, enter the new name of the co	rporation:		
		The	пеw
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A professi		
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	OKESS)		
			
	***************************************		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>		_
	 · · · -		_
D. If amending the registered agent and/or register	ed office address in Florida, e	nter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept th	he 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: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>	Elmer Pemberton	6284 67th Lane N	
Add x Remove			Pinellas Park, Fl 33781	
2) X Change	PTS	Deborah Williams	5498 4th St. S	
Add			St. Petersburg, Fl. 33705	
Remove				
3) x Change	V	James Williams	5498 4th St. S	
Add			Saint Petersburg, Fl. 33705	
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach addi.	g or adding addition graduational sheets, if necessition	essary). (Be	specific)			
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provisions	dment provides for s for implementing	the amendme	reclassification	n, or cancellationed in the amen	on of issued share	<u>es.</u>
(if not	applicable, indicate	e N/A)				
·						
		•				
						
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: November 6, 2019 date this document was signed.	, if other than the
Effective date if applicable: Novembey 6, 2019 (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 document's effective date on the Department of State's records.	not be listed as the
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	
☐ 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.	
DatedIII6/19 Signature Delvorach & Wellersens	
Signature Delvorach & Willesons	
(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)	
Deborah L. Williams	
(Typed or printed name of person signing)	
President	
(Title of person signing)	