S12493

| (R | equestor's Name) | |
|-------------------------|-----------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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07/02/18--01041--087 **35.00

18 JUL -2 PH 3: 20 SECRETANY OF STAJE JALLAHASSEE, FLORIDA

JUL 0 9 2018 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR | ATION: CENTER | FOR TRAVEL | Inc |
|--------------------------|---|--|---|
| | ER: 572493 | | |
| | of Amendment and fee are su | ibmitted for filing. | |
| | pondence concerning this ma | Č | |
| | | | |
| _ | GENTE L V. | Ar (Cuzer) Name of Contact Person | |
| | | Name of Contact Person | 1 |
| | CENTER | FOR TRAVEL | Iak |
| - | | FUR TRAVEL Firm/Company | |
| | 50 SE | KINDRED S- | r # 109 |
| - | | Address | |
| | STUART | FL 3499 | 14 |
| - | | City/ State and Zip Code | t |
| | _ | _ | |
| | GENEVANC | Ecomenst, A sed for future annual report | IET |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter. pleas | se call: | |
| GENTE | lan Cue an | at 772 | de & Daytime Telephone Number |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number |
| | the following amount made | | |
| isherosed is a cheek for | the following amount made | payable to the Florida Depa | utilent of State. |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | ing Address | · · · · · · · · · · · · · · · · · · · | Address |
| | | | ment Section |
| | Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | • |
| Amer Divis | ndment Section ion of Corporations | <u>Street</u> Amend Divisio | is enclosed) Address ment Section n of Corporations |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ∠ | | |
|---------|------|--------|
| CLENTER | FINE | TONICE |

| y filed with the Florida Dept. of State) |
|--|
| |
| Corporation (if known) |
| Florida Profit Corporation adopts the following amendment(s) |
| |
| The new |
| n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A." |
| N/A |
| 5 % 18 |
| |
| |
| N/A SEE N |
| = D |
| <u> </u> |
| |
| ess in Florida, enter the name of the |
| |
| |
| eet address) |
| Florida |
| (City) (Zip Code) |
| |
| tith and accept the obligations of the position. |
| wanga maa ka ma paantan |
| |
| egistered 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.

| X Change | <u>PT</u> <u>Joh</u> | n Doe | |
|-------------------------------|-----------------------|-----------------|-----------------|
| X Remove | <u>V</u> <u>Mil</u> | te Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | _ <i>D</i> | JERI D. GUMBINA | IER |
| Add | | | |
| Remove | | | |
| 2) Change | | GAVIN H GUMBINI | vier |
| Add | | , | |
| X_ Remove | | • | |
| 3) Change | <i>P</i> | JEFFREY D VANC | JRKEN . |
| Add | | | |
| X_ Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 1 amending or add Attach additional s | ing additional Articles, enter concerts, if necessary). (Be specific | <u>nange(s) here:</u> ic) | | |
|--|--|------------------------------|---------------------------------------|---|
| | N/A | | | |
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| f an amendment r | rovides for an exchange, recla- | ssification, or cancellatic | on of issued shares, | |
| provisions for imp | lementing the amendment if n ble, indicate N/A) | ot contained in the amen | dment itself: | |
| | N/A | | | |
| | 70/14 | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| | |
| Effective date <u>if applicable</u> : (no more than 90 days after amendm | ent file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval. | t for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the | |
| "The number of votes cast for the amendment(s) was/were sufficient for appro | val |
| by | <u></u> ." |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required. | action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required. | n and shareholder |
| Dated 6/29/18 Signature How Leve | |
| (By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary) | |
| GENE L. VAN CUREN (Typed or printed name of person signing) | |
| (Typed or printed name of person signif | ng) |
| SEC/TIZEAS (Title of person signing) | |
| (Title of person signing) | |