

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM399570

| | |
|------------------------------|----------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|---------------------|----------|----------------|----------------------|
| SVO Trademark, Inc. | | 04/21/2016 | Corporation: FLORIDA |

RECEIVING PARTY DATA

| | |
|------------------------|----------------------|
| Name: | VSE Trademark, Inc. |
| Street Address: | 9002 San Marco Court |
| City: | Orlando |
| State/Country: | FLORIDA |
| Postal Code: | 32819 |
| Entity Type: | Corporation: FLORIDA |

PROPERTY NUMBERS Total: 11

| Property Type | Number | Word Mark |
|-----------------------------|----------|-------------------------------|
| Registration Number: | 4208703 | A BETTER WAY TO SEE THE WORLD |
| Registration Number: | 1461460 | |
| Registration Number: | 3008344 | FRIENDSHIP REWARDS PROGRAM |
| Serial Number: | 86600476 | NANEA OCEAN VILLAS |
| Serial Number: | 86649415 | VISTANA |
| Registration Number: | 1838120 | VISTANA |
| Serial Number: | 86661206 | |
| Serial Number: | 86661215 | VISTANA SIGNATURE EXPERIENCES |
| Serial Number: | 86661211 | VISTANA SIGNATURE EXPERIENCES |
| Serial Number: | 86868215 | VISTANA SIGNATURE NETWORK |
| Serial Number: | 86868207 | VSN |

CORRESPONDENCE DATA

Fax Number: 2129748474

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 212-974-7474

Email: tm@cdas.com

Correspondent Name: Eleanor M. Lackman

Address Line 1: 41 Madison Avenue, 38th Floor

Address Line 2: Cohen DeBaets Abrahams & Sheppard

TRADEMARK

Address Line 4: New York, NEW YORK 10010

NAME OF SUBMITTER: Eleanor M. Lackman

SIGNATURE: /eml/

DATE SIGNED: 09/23/2016

Total Attachments: 7

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587894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

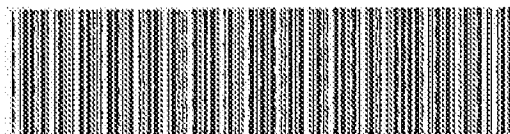
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800284842208

RECEIVED
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 21 PM 5:00
NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 21 PM 4:53

APR 22 2016

C McNAIR

TRADEMARK
REEL: 005883 FRAME: 0710

10/01/16 - 1

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 21 PM 11:53

ACCOUNT NO. : I20000000195
REFERENCE : 111649 7276615
AUTHORIZATION : *[Signature]*
COST LIMIT : \$35.00

ORDER DATE : April 20, 2016
ORDER TIME : 4:34 PM
ORDER NO. : 111649-120
CUSTOMER NO: 7276615

DOMESTIC AMENDMENT FILING

NAME: SVO TRADEMARK, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER'S INITIALS: _____

FILED
DIVISION OF CORPORATIONS
16 APR 21 PM 11:53

Articles of Amendment
to
Articles of Incorporation
of
SVO TRADEMARK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

S87894

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VSE TRADEMARK, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|--------|---------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | P, CEO | RIVERA, SERGIO D | 9002 SAN MARCO COURT ORLANDO, FL 32819 |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | ASST T | BUCKWALTER, JOHN | 15147 N. SCOTTSDALE RD., STE H-210 SCOTTSDALE, AZ 85254 |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | ASST S | COHEN, JASON F | ONE STARPOINT STAMFORD, CT 06902 |
| 4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | VP, AS | OVERTON, BARBARA E. | 9002 SAN MARCO COURT ORLANDO, FL 32819 |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | See attached ADDENDUM "I" | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: April 21, 2016 if other than the date this document was signed.

Effective date if applicable: April 30, 2016 at 11:59:00 p.m. EDT
(no more than 90 days after amendment file date)

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

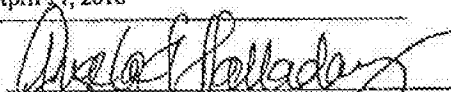
by _____"
(voting group)

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.

Dated April 21, 2016

Signature



(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)

Angela K. Halladay

(Typed or printed name of person signing)

Vice President, Secretary

(Title of person signing)

