# 721250

(Requestor's Name)					
(Address)					
(Addiess)					
(Address)					
(City/State/Zip/Phone #)	(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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C.COULLIETTE

APR 19 2011

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Holiday Aparti	ments Inc.	
DOCUMENT NUM	BER: 721250	·	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
<u> </u>		a Ruggiero	
	(Name of	Contact Person)	
	Holiday A	Apartments, Inc.	
	(Firm	n/ Company)	
	3212	NE 7th Pl.	
		Address)	
	,		
		ach, Florida 33062 te and Zip Code)	
	(City/ Sta	te and Zip Code)	
	apinti	1@me.com	notice n
	E-mail address: (to be use	d for future annual report notific	cauon)
For further information	on concerning this matter, pleas	e call:	
Antoinette Pinti		at ( 315 ) 559-07	78
	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt 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)
Amer Divis P.O. I	ng Address Idment Section Iden of Corporations Box 6327 Dassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 6, 2011

**GINA RUGGIERO** HOLIDAY APARTMENTS, INC. 3212 NE 7TH PL POMPANO BEACH, FL 33062

SUBJECT: HOLIDAY APARTMENTS, INC.

Ref Number: 721250

We have received your document for HOLIDAY APARTMENTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to complete your application in order for us to process it for you. Please note the red check marks on the places infomation is needed to be filled in on the form.

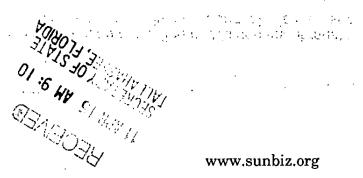
The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 511A00008290



### **Articles of Amendment** to Articles of Incorporation of

Holiday APART	THEXTS Inc.	_
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
721250		_
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.	Florida Statutes, this <i>Florida Not For Profit Corp</i> corporation:	ooration adopts
A. If amending name, enter the new name of	the corporation:	
abbreviation "Corp." or "Inc." "Company" or	,	" or the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		. <u> </u>
	•	- 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		<u> </u>
		MPR T
	·.	19 AH 10: 34  MESSEE: OF EATH
	egistered office address in Florida, enter the na	me of the
new registered agent and/or the new regist	tered office address:	원 <b>살</b>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	A
New Registered Office Address:	(Florida street address)	
_	, Florida (City) (Zip	ı Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	, , , , , , , , , , , , , , , , , , ,	
<u> </u>	gnature of New Registered Agent, if changing	
ડાફ	Page 1 of 3	eger t

## 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) <u>Title</u> <u>Name</u> Address Type of Action John Musacchio <u>⊋∷:99 Myrtle Blvd.</u> Larchmont, New York 10538 ☑ Remove James Johnson 1503 Yagle Avenue \_\_\_\_ 🗹 Add Prospect Park, PA 19076 Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

	ent(s) adoption:	
Effective date <u>if applicable</u>	(date of adoption is rec	quired)
	(no more than 90 days after amen	ndment file date)
er en generale	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Adoption of Amendment(s	(CHECK ONE)	
The amendment(s) was/v was/were sufficient for ap	were adopted by the members and the number	of votes cast for the amendment(s)
There are no members o adopted by the board of	or members entitled to vote on the amendment directors.	e(s). The amendment(s) was/were
Dated	4-1-11	sa e e e e e e e e e e e e e e e e e e e
Signature (E	By the chairman or vice chairman of the board ave not been selected, by an incorporator – i ther court appointed fiduciary by that fiduciar	f in the hands of a receiver, trustee, or

. Page 3 of 3