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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HOLIDAY ISLE	SALES, INC	
DOCUMENT NUM	P050(V)102590		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	MICHAEL G KENT		
		Name of Contact Perso	n
	HOLIDAY ISLE SALES, IN	NC	
		Firm/ Company	
	970 GULF SHORE DRIVE		
	N. C.	Address	
	DESTIN FL 32541		
		City/ State and Zip Cod	e
	MKENT@PMAINFO.COM		
Paris de la companya		sed for future annual report	notification)
ror further information	on concerning this matter, plea	se call:	
MICHAEL G KENT	• 	at (664-6000
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or 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)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

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\ 	oration as current	ly filed with the Florida I	Dept. of State)
P05000102589			
(D	ocument Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporatio	n adopts the following amendment
A. If amending name, enter the new name of t	the corporation:		
PMA REAL ESTATE SALES, INC			The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	"Inc," or "Co". 2	4 professional corporatio	ed" or the abbreviation "Corn "
B. Enter new principal office address, if applie		NA	
(Principal office address MUST BE A STREET			
			20 20 000
			<u>5</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BAVI	NA	PH
(Maning dualess MAT BE ATOST OFFICE	S BOA)	<u>-</u> -	
			ហ
B. 15			
 If amending the registered agent and/or registered agent and/or the new registered. 	<u>zistered office addı</u> ered office address	ress in Florida, enter the	name of the
NI A		<u>-</u>	
Name of New Registered Agent NA			
			
	(Florida str	eet address)	
New Registered Office Address: NA	(Florida str	eet address)	. Florida
New Registered Office Address: NA		eet address) (City)	, Florida(Zip Code)
New Registered Office Address: NA			
New Registered Office Address:		(City)	
New Registered Office Address: New Registered Agent's Signature, if changing	Registered Agent:	(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing	Registered Agent:	(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing	Registered Agent:	(City)	(Zip Code)
New Registered Office Address:	Registered Agent:	(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: nt. I am familiar w	(City)	(Zip Code) ions of the position.
New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: nt. I am familiar w	(City) with and accept the obligat	(Zip Code) ions of the position.

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:

(Anach 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 Evecutive Officer; CFO = Chief Financial Officer. If an officeridirector 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Evample: <u>X</u> Change	<u>14</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Saliy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change			
Add			
Remove			
2) Change			
Add		•	
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change		_	
Add			
Remove			
6)Change			
Aāā			
Remove			

(Attach additional sheets, if necessary).	(Be specific)		
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16 an annual	ange, reclassification, or cand	ellation of issued shares,	
If an amendment provides for an exchiprovisions for implementing the amer	adment if not contained in the	amandment itself.	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
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(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	

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The date of each amendmen date this document was signed		, if other than
date this document was signed	AUGUST 14, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
se	y a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	
	MICHAEL G KENT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the