

257043

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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**SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

**REGISTERED AGENT CHANGE
HOLIDAY GOLF, INC.**

Certificate of Status	0
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Corporate Filing Menu

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DEC 27 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLIDAY GOLF, INC. Name of Corporation

DOCUMENT NUMBER: 257043

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Sidwell

Name of Contact Person

Magic World Business Office

Firm/Company

109 Carl Street

Address

Sevierville, TN 37862

City/State and Zip Code

mattsidwellnw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOLIDAY GOLF, INC.
2. The principal office address: 2504 SO ATLANTIC AVE, DAYTONA BCH SHORES FL 32118
3. The mailing address (if different): P.O. BOX 24, PIGEON FORGE TN 37868
4. Date of incorporation/qualification: 03/19/1962 Document number: 257043

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GREZYK, ANTHONY I., ESQ.

1305 S PENISULA DR

DAYTONA BEACH FL 32118

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 President
Signature of an officer or director

JAMES O SIDOROV JR President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CT Corporation System

Signature of Registered Agent

12/26/2012

Date

If signing on behalf of an entity:

Sierra Burris, VP & Asst. Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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