575883

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MAR 0 7 2020 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Holloway Pools,	Inc.		
DOCUMENT NUM	575993			
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:		
	James Holloway			
		Name of Contact Person	וי	
	Holloway Pools, Inc.			
		Firm/ Company		
	1805 Gunn Highway			
		Address		
	Odessa, FL 33556			
		City/ State and Zip Cod	e	
	jholloway1@verizon.net			
	· =	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Judy Holloway		813 at (926-8234	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address		Street Address		
	nendment Section vision of Corporations		Iment Section on of Corporations	
P.0	D. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Holloway Pools, Inc.			
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. o	f State)
575883			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		The
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or professional corporation nam	Thenew the abbreviation "Corp.," e_must_contain_the_word
B. Enter new principal office address,		N/A	
(Principal office address <u>MUST BE A S</u>	I KEÇT ADDKESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name	of the
Name of New Registered Agent	F Timothy Bullard CPA		
	2211 Linda Lane		
	(Florida stree	rt address)	
New Registered Office Address:	Lutz	F	33558 Iorida
New Registered Office Mariess.			(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		th and accept the obligations o	f the position.
<u>F.1.</u>	Synature of New Res	sistemad to and if the mariner	AHARA EB 1
	ygnature of New Res	usterea Agent, ij changing	#25 - ·
Check if applicable	Numerous to a 607 0130 (13) () E.C.	
☐ The amendment(s) is/are being filed p	pursuant to S. 607,0120 (44) (e), r.S.	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Jack Holloway	3720 w lutz lake fern road
Add		_	Lutz, FL 33558
X Remove			
2) X Change	P	James Holloway	17416 Eagle lane
Add			Lutz, FL 33558
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/A	nal sheets, if neces:	my, tot specif	,			
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					-	-
<u>lf an amendn</u>	ent provides for a	n exchange, recla	ssification, or c	ancellation of is	sued shares,	
provisions fo	r implementing the plicable, indicate N	<u>e amendment if r</u> //4)	not contained in	the amendment	<u>itself:</u>	
(<i>y nor u_t</i>) A	pricuote, maicate r	74)				
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		-	<u> </u>			
					·	
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were ade action was not required.	pted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	he amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	- 31- 2020	
Signatura	- 31- 2020 (dy Mallacocky rector, president or other officer - if directors or officers	
selected	rector! president or other officer – if directors or officers l, by an incorporator – if in the hands of a receiver, trusted ed fiduciary by that fiduciary)	have not been e, or other court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Secretary - Trease (Title of person signing)	IRE
	(Title of person signing)	