F07228

(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:	





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COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Holiday Travel Par	k Co-Op, Inc	
DOCUMENT NUMBER:	F07728		
The enclosed Articles of Amena	Iment and fee are sul	omitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
	Judy Otting		
	,	Name of Contact Person	
	Holiday Travel Park	Co-Op, Inc.	
		Firm/ Company	
	2261 S. Old Dixie H	Iighway	
<u> </u>		Address	
	Bunnell, FL 32110)	
		City/ State and Zip Code	2
	Manager@htpflorid	ia.com	
<u> </u>	nail address: (to be us	sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
Judy Otting		at (437-4454
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:
•	43.75 Filing Fee & ertificate 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 Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Ameno Divisio Cliftor	Address Imment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Holiday Travel Park Co-Op, Inc.				
(Name o	of Corporation as curren	tly filed with the Florida	Dept. of State)	
F07228				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporati	on adopts the following an	iendment(s) to
A. If amending name, enter the new na	ume of the corporation:			
N/A			The	e new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbre	viation
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				1 -
				र्वे ना ्
				h_F
C. Enter new mailing address, if appli	cable:	27/4	Market . Market	구円
(Mailing address MAY BE A POST (N/A	(#) (#)	<u>ģ</u>
			und simble Property Simble Sim	
D. If amending the registered agent an			e name of the	
new registered agent and/or the nev	N/A	<u>88:</u>		
Name of New Registered Agent				
	(Florida s	treet address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Code)
			•	
New Registered Agent's Signature, if c	hanging Registered Ager	nt:		
I hereby accept the appointment as regist			ations of the position.	
	Signature of New	Registered Agent, if chang	mina	
	Digitature of New	registered agent, if chang	5***5	

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: 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	<u>T</u>	Sharp, Charmayne	2261 S. Old Dixie Hwy Lot 149
Add			Bunnell, FL 32110
x Remove			
2) Change	<u>v</u>	Wyrick, Gary	2261 S. Old Dixie Hwy Lot 80
Add			Bunnell, FL 32110
X Remove			
3) Change	V	Stoffer, Robert	2261 S. Old Dixie Hwy Lot 119
Add			Bunnell, FL 32110
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
_ _ _			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific				
				<u> </u>
				
If an amendment provides for an exchange, reclas	ification, or can	cellation of iss	sued shares.	
provisions for implementing the amendment if no	t contained in th	e amendment	itself:	
(if not applicable, indicate N/A)				
/A				
				
				······

N/A	
	er than th
date this document was signed.	
N/A	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 N/A	
by	
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.	
action was not required.	
10/02/2017	
Signature (By/d 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)	
Judy Otting	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	_