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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Holiday Travel Pa	ark Co-Op, Inc	
DOCUMENT NUMBE	R:F07728		
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
_	Judy Otting		
		Name of Contact Perso	on
	Holiday Travel Par	k Co-Op, Inc.	
_		Firm/ Company	
	2261 S. Old Dixie	Highway	
<u> </u>		Address	
	Bunnell, FL 3211	0	
_		City/ State and Zip Cod	le
	Manager@htpflorie	da.com	
		sed for future annual repor	t notification)
For further information c	oncerning this matter, pleas	se call:at (437-4454
Name of (Contact Person		ode & Daytime Telephone Number
inclosed is a check for th	e following amount made	payable to the Florida Dep	·
\$35 Filing Fee	S43.75 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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Clifton	Address Iment 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.

Honday Travel Park Co-Op, Inc.		<u></u>			
(Name o	f Corporation as currently	filed with the Florida Dept.	of State)		
F07228				_	
	(Document Number of	Corporation (if known)		<u> </u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation add	opts the following	; amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A				The new	,
name must be distinguishable and cont "Corp.," "Inc" or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	Co". A professional corporat	ated" or the ab	breviation	? ?
B. Enter new principal office address, i (Principal office address MUST BE A ST	if applicable:	N/A			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of D. If amending the registered agent an new registered agent and/or the new	<u>OFFICE BOX</u>) d/or registered office addr		E of the	2011 80T 31 PH 1:1	FILED
Name of New Registered Agent			<u></u>	m 🛥	
New Registered Office Address:	(Florida stra		, Florida		
		(City)	(Zip (.odej	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: vered agent. I am familiar v	with and accept the obligation.	s of the position.		
	Signature of New R	egistered Agent, if changing		-	

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>'r</u>	Larry Brazeal	2261 S. Old Divie Wwy Lot#84 Bunnell, FL 32110
Add			Damon, 15 32110
Remove	•		
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if	f necessary).	(Be specific	ナ				
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lf an amend	ment provide	es for an exc	hange, reclas	<u>sification, o</u>	г c <u>ancellati</u>	on of issued	shares.	
provisions	for implemen	nting the ame	endment if no	<u>ot contained</u>	in the ame	<u>ndment itse</u>	<u>lf:</u>	
(if not a	applicable, in	dicate N/A)						
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	-							

N/A
The date of each amendment(s) adoption:, if other than
date this document was signed. N/A
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 N/A (voting group)
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.
Dated 10-24-2017
Signature Hill Chlence
(By/a 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)