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JUN 30 2016 L'ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOLIDAY LIGHT	ING DESIGNS; INC		
DOCUMENT NUMB	BER:			
	of Amendment and fee are sul	binitted for filling.		
Please return all corre	spondence concerning this mat	ter to the following:		
	SUE DE LARR			
		Name of Contact Person	n	
	HOLIDAY LIGHTHING DE	SIGNS, INC		
		Firm/ Company		
	6778 LANTANA ROAD, ST	,		
	Address			
	LAKE WORTH FL 33467			
		City/ State and Zip Cod	e	
SUE	@HOLIDAYLIGHTINGDES	IGNS.COM		
	-	ed for future annual report	notification)	
For further information concerning this matter, please call: SUE DE LAAR at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	S43:75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ā Div P.O	iling Address endment Section ision of Corporations Box 6327 hanssee, FL 32314	Amen Divisi Cliftor 2661 1	Address dment Section on of Corporations n Building Executive Center Circle assee, F1, 32301	

Articles of Amendment **Articles of Incorporation** of

HOLIDAY LIGHTING DESIGNS, INC				
(Name o	of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P03000060159				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendmen	ıt(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	· · · · · · · · · · · · · · · · · · ·	
		N/A		
		N/A		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2016 TAL	
		N/A		11
		N/A	27 A.S.S.	
D. <u>If amending the registered agent an</u>			me of the me of the	
new registered agent and/or the new	w registered office addre	<u>ss:</u>		
Name of New Registered Agent	SUZANNE DE LAAR		205 205	
	7616 TRENTON DRIVE	3	خمذ	
	(Florida s	trect address)	A STATE OF THE STA	
New Registered Office Address:	LAKE WORTH		_, Florida	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

'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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	. <u>Name</u>	<u>Addres</u> s
1) Change	P	MICHAEL DE LAAR	7042 CHESAPEAK CIR
Add			BOYNTON BEACH FL 33436
X Remove			
2) X Change	P	SUZANNE DE LAAR	7616 TRENTON DRIVE
Add			LAKE WORTH FL 33467
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	cles, enter change(s) nere: (Be specific)
/A	
<u> </u>	
If un amondment provides for an evol	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

The date of each amendment date this document was signed		, if other than the
_	JUNE 18. 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
St	By a director prisident or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver trustee, or other court popointed fiduciary by that fiduciary) SUZANNE DE LAAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·