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PICK-UP	☐ WAIT	MAIL		
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· (Dc	ocument Number)			
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COVER LETTER

TO: Amendment Section

Division of Corporations

Ĉ,

NAME OF CORPORATION: John Holloway, P.A.			
DOCUMENT NUMBER: PO 4000 1313/3			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John Holloway Name of Contact Person			
Name of Confact Person			
Firm/ Company			
3172 S Blackmountain DR			
Address			
INVERNESS FL 34450 City/ State and Zip Code			
Johnholloway @ Tampa bay. RR. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
John Holloway at (352), 212-600 Name of Contact Person Area Code & Daytime Telephone Number	2		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of				
John Holloway, PA				
Name of Corporation as currently filed with the Florida Dept. of State)				
P04000131315				
(Document Number of Corporation (if known)	_			

A. If amending name, enter the new name of the Hollows	he corporation: AY GROUP	, PA.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "compo Corp," "Inc," or "Co". A pr	any," or "incorporated	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
			13 8CT
D. If amending the registered agent and/or reg		ida, enter the name of t	he 으 管
new registered agent and/or the new registe	ered office address:		
Name of New Registered Agent			2 3
			9: 2
	(Florida street address)		ဟ ်
New Registered Office Address:		, Florida	
New Negisterea Office Address.	(City)		(ip Code)

Signature of New Registered 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.

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>	Name	Address
1) Change			
Add		,	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
			
6) Change			
Add			
Remove			

	r adding additional Arnal sheets, if necessary).	(Be specific)			
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If an amendme	ent provides for an exc r implementing the am- plicable, indicate N/A)	hange, reclassificatendment if not cont	ion, or cancellatio ained in the amen	n of issued shares, dment itself:	
(if not app					
(if not app					
(if not app					
(if not app					
(if not app					
(if not app					
(if not app					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 11/1/13	
(no more than 90 days after amendment file date)	
ALL WALL AND WALL OF THE CONTROL ON	
Adoption of Amendment(s) (CHECK ONE)	
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" (voting group)	
(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.	
Dated10/29/13	
Signature Sol Holloway	_
(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)	
John Holloway (Typed or printed name of person signing)	
(Typed or printed name of parson signing)	
PRESIDENT	<u>.</u>
(Title of person signing)	