

P05000020622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

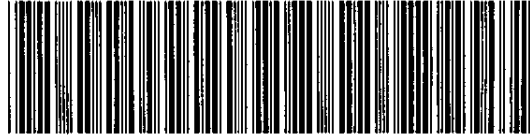
(Business Entity Name)

(Document Number)

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C McNAIR

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Holly B. Inc.

DOCUMENT NUMBER: P05000020622

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Ames  
Name of Contact Person  
Holly B. Inc  
Firm/ Company  
6196 SE Federal Hwy  
Address  
Stuart FL 34997  
City/ State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Ames at ( 772 ) 220-2688  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Holly B, INC

P05000020622

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U.S. MAIL  
DADE COUNTY, FLORIDA

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**

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**C. Enter new mailing address, if applicable:**

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Name of New Registered Agent

David Ames

6196 SE Federal Hwy

(Florida street address)

New Registered Office Address:

Stuart

Florida

34997

(City)

(Zip Code)

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

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

Gail Ann

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.*

**Example:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                       |                            |
|---|----------|-----------------------|----------------------------|
| 1) <input type="checkbox"/> Change            | <u>P</u> | <u>Christine Ames</u> | <u>6196 SE Federal Hwy</u> |
| <input type="checkbox"/> Add                  |          |                       | <u>Stuart FL 34997</u>     |
| <input checked="" type="checkbox"/> Remove    |          |                       |                            |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>David Ames</u>     | <u>6196 SE Federal Hwy</u> |
| <input type="checkbox"/> Add                  |          |                       | <u>Stuart FL 34997</u>     |
| <input type="checkbox"/> Remove               |          |                       |                            |
| 3) <input type="checkbox"/> Change            |          |                       |                            |
| <input type="checkbox"/> Add                  |          |                       |                            |
| <input type="checkbox"/> Remove               |          |                       |                            |
| 4) <input type="checkbox"/> Change            |          |                       |                            |
| <input type="checkbox"/> Add                  |          |                       |                            |
| <input type="checkbox"/> Remove               |          |                       |                            |
| 5) <input type="checkbox"/> Change            |          |                       |                            |
| <input type="checkbox"/> Add                  |          |                       |                            |
| <input type="checkbox"/> Remove               |          |                       |                            |
| 6) <input type="checkbox"/> Change            |          |                       |                            |
| <input type="checkbox"/> Add                  |          |                       |                            |
| <input type="checkbox"/> Remove               |          |                       |                            |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 the document's effective date on the Department of State's records.

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)

☐ 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 7/1/15

Signature

David Ames

(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)

David Ames

(Typed or printed name of person signing)

President

(Title of person signing)