## P00000141290

(Re	equestor's Name)				
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Amond Maril
CCC/Cus

Amond Maril
Ch 8

## **COVER LETTER**

TO: Amendment Section \*\*

Division of Corpor	rations					
NAME OF CORPORA	ATION: Holida	y Beach	Rentaline.			
DOCUMENT NUMBI	er: <u>PO6000</u>	141296				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
_	E MiA	'e Porato	•			
Name of Contact Person Holiday Beach Restal INC Firm/Company						
•		Fonson Av Address				
_	150 0011	Address				
	/ /	/ 6	7. 32920			
-	cape La	City/State and Zin Code	L. 32720			
	•	City/ State and Zip Code	•			
	Mike Pounta	6 HotMai sed for future annual report	1. Cam			
	E-mail address: (to be us	sed for future annual report	notification)			
	·	·	•			
For further information	concerning this matter, pleas	se call·				
_	•	эс оди.				
Mike Pe	anta	.771	· 576-7717			
Name of	Contact Person	at ( ) Z (	576-2217 de & Daytime Telephone Number			
·	Contact I cison	Alca Col	ac & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
<b>–</b>	_	-	<b>√</b> ∕			
□ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	\$52.50 Filing Fee			
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy			
		enclosed)	(Additional Copy			
		••.	is enclosed)			
3.5		~.				
	ng Address Idment Section	Street Address				
	ion of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327 Clifton Building						
Tallal	nassee, FL 32314	2661 E	xecutive Center Circle			
Tallahassee, FL 32301						

## **Articles of Amendment**

to Classacian

to

Addi	of	
Holiday Beach	h Rentals Inc	
(Name of Corporation as currently filed with		
P0600014129	76	
(Document Number of Corpora	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following ame	ndment(s)
A. If amending name, enter the new name of the corporation of the designation of the abbreviation of the corporation of the corporat	poration," "company," or "incorporated" or the abbreva	new iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	436 JeFFenson AV. Copp Canavrel Fl. 32920	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	436 JeFFenson AV. Cape Canarnel FL 32920	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		
Name of New Registered Agent		
(Flo	orida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		<u>.</u>
Signature of New Regis	istered Agent, if changing	- 10

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 Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		<del></del>				
Add						
Remove				*****		
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
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Remove						
5) Change						
Add		_				
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6) Change		<del></del>				
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	dditional sheets, ij	f necessary).	(Be specific)	e(s) here:		
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· · · · · · · · · · · · · · · · · · ·						
		es for an excha	nge, reclassifica	ition, or cancell	ation of issued sha	ires,
lf an am	endment provide		Imant if not con	ntained in the ar	nendment itself:	
provisio	endment provide ons for implemen not applicable, ind	ting the amena dicate N/A)	iment ii not cor			
provisio	ons for implemen	nting the ameno	iment ii not con			
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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)	
-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	
Signature Assistance Control of the	
(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)	
Enrique Michael Poinate (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	