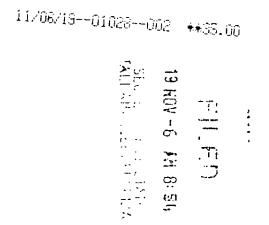
P09000014599

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Holly Enterprises of	of Brevard Inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
1	Curtis McKinney		
-	1.2	Name of Contact Pers	on
	Holly Enterprises of Brevard	Inc.	
-	<u> </u>	Firm/ Company	
:	2112 W. New Haven Ave.	Time Company	
•		Address	
	West Melbourne, FL. 32904		
-	·	City/ State and Zip Co	ode
1.5		,	
mckin	neyconstruc@att.net		
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	concerning this matter, please	se call:	
Curt McKinney		at (7270059
Name o	f Contact Person	Area (ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
S35 Filing Fee	☐\$43.75 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)
Mail	ing Address	Stree	et Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
	Box 6327		nn Building
Tallahassee, Fl. 32314		2661	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Holly Enterprises of Brevard Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of	[State)
P09000014599		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adop	ts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
	NA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "cword "chartered," "professional association," or the abbreviation "	n." "company," or "incorporat Co". A professional corporatio	ed" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NLA	9- AOH 61
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		of the
Name of New Registered Agent	<u> </u>	
(Florida stre	vet address)	
New Registered Office Address:		orida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of	the position.
Signature of New Ro	egistered Agent, if changing	

the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and each Officer and/or Director being added:

additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title:

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: XChange	PT	John Doc	# 19 T
X Remove	<u>V</u>	Mike Jones	1
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 99
1) Change	D	Carl C. Godwin	7990 128th St.
Add			Roseland, Ft., 32957
X Remove			
2) Change	Ð	Sandy L. Godwin	7990 128th St.
Add			Roseland, FL. 32957
X Remove			
3) Change	D	Carl Jay Gpdwin	4055 Miami Ave.
Add			West Melbourne, FL, 32904
X Remove			
4) Change	<u>D</u>	Kimberly Stinson-Godwin	4055 Miami Ave.
Add			West Melbourne, FL. 32904
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

sch additional sheets, if necessary). (Be specific)	1.
√	<u> </u>
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	19 72- 19
	AON
	- 5 - 5
	73#
	De Company
an amendment provides for an exchange, reclassificati rovisions for implementing the amendment if not cont	ained in the amendment itself:
(if not applicable, indicate N/A)	
NV	

April 14, 2011 ach amendment(s) adoption:		_, if oth	er than tl
document was signed.			
rective 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 delocument's effective date on the Department of State's records.	ite will	not be li	sted as tl
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent		
"The number of votes cast for the amendment(s) was/were sufficient for approval	Ξ_{k}	<u></u>	
by" (voting group)	aran'i Ny INTERNA	19 NOV	
(voting group)		- M	Tì.
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	сг-,.	φ 34	. — II
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		5. S:	
Dated 11/4/19			
Signature (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 cou appointed fiduciary by that fiduciary)	rt		
Curtis J. McKinney			
(Typed or printed name of person signing)			_
President			
(Title of person signing)		_ _	_