P09000075390

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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION:	Holiday Shows, Ind	C
DOCUMENT NUMI	NUMBER: P09000075390		
The enclosed Articles	of Amendment and fee	are submitted for filing.	
Please return all corre	spondence concerning th	nis matter to the following:	
		I. Jane Puckett, EA	
	1	Name of Contact Person	
	East Washin	gton Accounting Services, Inc	<u>. </u>
		Firm/ Company	
	· 	P O Box 1006	
		Address	
,		Pierson, FL 32180	
	(City/ State and Zip Code	
	medic E-mail address: (to be us	kj@bellsouth.net ed for future annual report notification)	
For further information	n concerning this matter	nlease call	
	e Puckett, EA	•	749-9010
	Contact Person	Area Code & Daytime T	
Enclosed is a check for	r the following amount r	nade payable to the Florida Depa	artment of State:
☑\$35 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)
Mailing Address Amendment Se Division of Con	ection	Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

THE ESSENTIAL RESTAURANT GUIDE INC

(Name of Corporation as currently filed with the Florida Dept. of State) P09000075390

(Document N	umber of Corporation (if know	vn)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		orida Profit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation:	
HOLII	DAY SHOWS, INC.	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if a	oplicable:	ν,
(Principal office address <u>MUST BE A STRE</u>		. Wanter
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	r registered office address in	Florida, enter the name of the
New Registered Office Address:	(Florida street ad	ldress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change the Agent's Signature,		d accept the obligations of the position.
_	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) **Title** Name Address Type of Action ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	t(s) adoption: December 31, 2009
Effective date if applicable:	(date of adoption is required) December 31, 2009
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	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 ad 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/we action was not required.	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
Dated	01/14/2010
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
app	ointed fiduciary by that fiduciary)
	Lynn Wettach
	(Typed or printed name of person signing)
	President
	(Title of person signing)