

Division of Corporations

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P13000018331Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H140001085263ABC.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : 120110000092
Phone : (305) 448-9584
Fax Number : (305) 448-9569

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HOLLYWOOD PETROLEUM, INC.**

Certificate of Status		0
Certified Copy		0
Page Count		06
Estimated Charge		\$35.00

C. LEWIS
MAY 8 2014
EXAMINERAPPROVED
AND
FILED

14 MAY -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/07/2014 08:54 305 448 9569
850-617-6381

5/7/2014 9:19:44 AM PAGE

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May 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOLLYWOOD PETROLEUM, INC.
16971 ALICO MISSION WAY
FT. MYERS, FL 33908US

SUBJECT: HOLLYWOOD PETROLEUM, INC.
REF: P13000018331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H14000108526
Letter Number: 914A00009694

14 MAY

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED

MAY -7 AM 11:07

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOLLYWOOD PETROLEUM, INC.

DOCUMENT NUMBER: P13000018331

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

Please return all correspondence concerning this matter to the following:

MOHAMMMAD M HOSSAIN

Name of Contact Person

HOLLYWOOD PETROLEUM, INC.

Firm/ Company

16971 ALICO MISSION WAY

Address

FT. MYERS, FL 33908

City/ State and Zip Code

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

For further information concerning this matter, please call:

MOHAMMAD M HOSSAIN

Name of Contact Person

at (305) 763-5482

Area Code & Daytime Telephone Number

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

Articles of Amendment
to
Articles of Incorporation
of

14 MAY -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOLLYWOOD PETROLEUM, INC.

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

P13000018331

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address **MUST BE A STREET ADDRESS**)**C. Enter new mailing address, if applicable:**(Mailing address **MAY BE A POST OFFICE BOX**)**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

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) ☐ Change

VPD

MD. HASAN AHMMED

8065 Stillwater Ct. Apt # 1

☒ Add

N. FT. Myers, Fl. 33903

☐ Remove

2) ☐ Change

S

MD. ZORZIZUR RAHMAN

7961 Gladidolus DR.

☒ Add

Apt # 402

☐ Remove

Fort Myers, Fl. 33908

3) ☐ Change

T

MD. Amanur Rashid Khan

7961 Gladidolus DR. # 106

☒ Add

Fort Myers, Fl. 33908

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ 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)

14 MAY -7 AM 9:27

The date of each amendment(s) adoption: 05/06/2014
date this document was signed.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

, if other than the

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 05/06/2014

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 court appointed fiduciary by that fiduciary)

MOHAMMAD M HOSSAIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)