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JUL - 1 2019 C Kinsey

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: <u>RAYS</u>	HOLIDAY INC	<u> </u>
	er: <u>P/8000</u>		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	JOSE L	ALOOKARAN Name of Contact Perso	CPA
		Name of Contact Perso ASSOCIAT Firm/ Company	
		HATCHER L Address	
			33511-9370
	E-pail address: (to be us	tan 1 @ ugui sed for future annual report	
For further information	concerning this matter, pleas	se call:	
JOSE LA	LOOKARAN	at ( <u>§ / 3</u>	571-3358
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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

0 0- 0112.75

## Articles of Amendment to Articles of Incorporation of

- RAYS HOLIDAY	INC
	ntly filed with the Florida Dept. of State)
P180000177	<b>3</b> &
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation name must appear to
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5/35 US HWY19 N
	FL. 34652-3966 ASS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S135 US HWY 19 NE 3
	100
	FL 34652-396F 25
<ul> <li>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address</li> </ul>	dress in Florida, enter the name of the
Name of New Registered Agent VARGHESE	
S135 US H (Florida s	WY 19 N treet address)
New Registered Office Address: NEW PORT	RICHEY
New Registered Agent's Signature, if changing Registered Agen	
hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Alphonen Bryhe	Registered Agent, if changing
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.

X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>N</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u></u>	VARGHESE, ALPHONSAMMA	8
_X Add			15835 BEREA DRIVE
Remove			DDESSA FL-33556
2) Change		<del></del>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change		<del></del>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Attach <i>additional sh</i>	ets, if necessary).	icles, enter chang (Be specific)			
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an amendment pro rovisions for imple (if not applicable	menting the amer	ange, reclassifica adment if not con	tion, or cancellati tained in the ame	on of issued shares adment itself:	i <u>.</u>
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The date of each amendment(s) adoption: DIMAT 2019  date this document was signed.	, if other than the
Effective date if applicable: DIMAT 2019 (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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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 sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, pretident or other officer - directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other component of fiduciary by that fiduciary)	
BIJU VARGHESE  (Typed or printed name of person signing)	
_	
(Title of person signing)	
(True of person signing)	