PAC 000027435

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HOLIDAY COVE	SOUTH RENTAL CORP	ORATION	
	IBER: P20000027935			
	s of Amendment and fee are su	ebmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	James M. Kosmas			
	Name of Contact Person			
	James M. Kosmas, P.A.			
	Firm/ Company			
	111 Live Oak Street			
	Address			
	New Smyrna Beach, Florida 32168			
		City/ State and Zip Cod	e	
	Carla@CarlaAlger.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
James M. Kosmas		at (428-0055	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	or the following amount made	payable to the Florida Dep	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303	

Articles of Amendment Articles of Incorporation of

HOLIDAY COVE SOUTH RENTAL CORPORATION

4-25		i i	, r s .	Q:	1.	ı	
Florida	Dant	a.f	Statal		•		

(Name of Corporation as cu	errently filed with the Florida Dept. of State)
P20000027935	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion: The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	duress:
Name of New Registered Agent	
(Flor	rida street addressi
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 fan	
Signature of .	New Registered Agent, if changing
Check if applicable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer director title by the first letter of the office title:

 $P = President; V = Vice President; T \in Treasurer, S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DΡ	ALGER, CARLA	17971 S.W. 284TH STREET
Add			HOMESTEAD, FL 33030
Remove			
2) X Change	D V	HEVENER, MIKE	1415 ROOSEVELT STREET
Add			ORLANDO, FL 32804
Remove 3.) Change	DST	BALDWIN, RUSSELL	12185 PARK AVE NORTH
X Add			WINTER PARK, FL 32789
Remove			
4) Change	D	MONETTI, JANE	1111 HILL STREET, APT 13
Add			NEW SMYRNA BEACH, FL 321
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
June 8, Dated	2020	
Signature <u>(</u>		
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en court
	CARLA ALGER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	