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2018 AUG 27 AM 9: 4

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SEAS OF AMERICA CORP.
DOCUMENT NUMBER: P0100008531	
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
CLAUDIO CIPEDA	
	Name of Contact Person
	Firm/ Company
9669 AVELLINO A	VE SUITE#6317
	Address
ORLANDO, FL	32819
	City/ State and Zip Code
CIPEDA@MSN.COM	
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	
CLAUDIO CIPEDA	at (407) 832-6616 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

SEVEN SEAS OF AMERICA CORP.

2018 AUG 27 AM 9: 44

(Name	of Corporation as currently	filed with the Florida De	pt. of State RETARY OF STATE
P01000085311			TALLAHASSEE. FL
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." or "C	Zo". A professional corpo	porated" or the abbreviation
B. Enter new principal office address,		.	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9669 AVELLINO AVE	SUITE#6317
		ORLANDO, FL 32819	
D. If amending the registered agent ar new registered agent and/or the ne			ame of the
	CLAUDIO CIPEDA		
Name of New Registered Agent	9669 AVELLINO AVE	 SUITE#6317	
	(Florida stre		
	ORLANDO		32819
New Registered Office Address:		Cù _y y	, Florida (Zip Code)
	,	<i>*</i> ′	,,,,,
New Registered Agent's Signature, if c		of the second of the second	A. I
I hereby accept the appointment as regis	terea agent Fam ₋ jamutar w	ath and accept the obligation	ms of the position.
		m m)
			<u>/</u>
	Signature of New Re	gistered 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: XChange	<u>РТ</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	PTDS	CLAUDIO CIPEDA	9669 AVELLINO AVE
x Add			SUITE# 6317
Remove			ORLANDO, FL 32819
2) Change	PTDS	ANTONIO CARDOSO	5950 LAKEHURST DR
Add			SUITE#247
X Remove			ORLANDO, FL 32819
3) Change			
Add			
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)	
N/A	
NA	
	·
	-
F. If an amendment provides for an exchange, reclassification, or cancell	ation of issued shares.
provisions for implementing the amendment if not contained in the at (if not applicable, indicate N/A)	menament itseii:
N/A	

	08/22/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
0 Effective date <u>if applicable</u> :	8/22/2018	
Ellective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	H(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/22/2 Dated	018	
	Im hu,	
,sele	a director, president or other officer – if directors or officers have not becorted, by an incorporator – if in the hands of a receiver, trustee, or other confined fiduciary by that fiduciary)	n purt
	CLAUDIO CIPEDA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	