

P04 000065262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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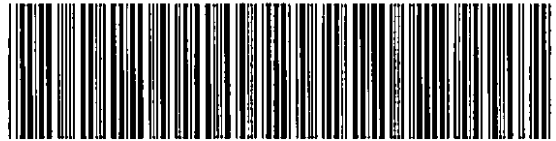
(Business Entity Name)

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2018 AUG 17 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG 20 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Azimut Benetti Service USA, Inc.

DOCUMENT NUMBER: P04000065262

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

Please return all correspondence concerning this matter to the following:

Vacharaesorn Vivacharawongse, Esq.

Name of Contact Person

Gerber Ciano Kelly Brady LLP

Firm/ Company

445 Hamilton Ave. Suite 1500

Address

White Plains, NY 10601

City/ State and Zip Code

vvivacharawongse@gerberciano.com

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

For further information concerning this matter, please call:

Vacharaesorn Vivacharawongse at ( 914 ) 708-6542

Name of Contact Person

Area Code & Daytime Telephone Number

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Vacharaesorn Vivacharawongse, Esq.  
Partner

Direct Dial/Fax/Text  
914.288.5536

Email:  
vivacharawongse@GerberCiano.com



GERBER CIANO KELLY BRADY LLP

US Mail:  
228 Park Avenue South,  
Suite 97572  
New York, NY 10003-1502

Visit Us/FedEx/UPS:  
445 Hamilton Avenue  
White Plains, New York 10601

August 13, 2018

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Azimut Benetti Service USA, Inc.  
Document NO.: P04000065262  
Articles of Amendment; removal of Vice-President**

Dear Sir or Madam:

Please find herewith enclosed the form Cover Letter and Articles of Amendment to the Articles of Incorporation of Azimut Benetti Service USA, Inc. As indicated therein, and supported by the enclosed Statement of Action, Azimut Benetti Service USA, Inc. has removed Fabrizio Scerch as Vice-President.

Also enclosed herewith is a check payable to the Florida Department of State in the amount of \$43.75 to cover filing fees and a new Certificate of Status.

Should you have any questions or require any additional information, please do not hesitate to contact me directly.

Very Truly Yours,

  
Vacharaesorn Vivacharawongse, Esq.

VV/df  
Enclosures

[www.GerberCiano.com](http://www.GerberCiano.com)

New York

New Jersey

Pennsylvania

Connecticut

London

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

**2018 AUG 17 PM 4:26**

Azimut Benetti Service, USA, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)  
P04000065262

SECRETARY OF STATE  
TALLAHASSEE, FL

(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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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*

*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:**

<u>N</u> Change	<u>PT</u>	<u>John Doe</u>
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
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89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
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<u>N</u> Add	<u>SV</u>	Sally Smith
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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <input type="checkbox"/> Change	<u>V</u>	<u>Fabrizio Scerch</u>	<u>1883 WEST STATE ROAD 84</u>
<input type="checkbox"/> Add			<u>UNIT103</u>
X <input type="checkbox"/> Remove			<u>FT LAUDERDALE, FL 33315</u>

2) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

3) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

4) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

5) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

(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:**

Page 3 of 4

July 20, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

July 20, 2018

Effective date if applicable: \_\_\_\_\_  
*(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 date will not be listed as the document's effective date on the Department of State's records.

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 8/13/18

Signature /s/ Federico Ferrante

(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)

Federico Ferrante

\_\_\_\_\_  
(Typed or printed name of person signing)

Sole Director

\_\_\_\_\_  
(Title of person signing)