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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RESULVE MARI	TIME CRUISE SERVIES.	INC.
DOCUMENT NUM	BER: P07000049963		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Carmen Martin		
	•	Name of Contact Person	1
	Resolve Maritime Cruise Ser	vices	
		Firm/ Company	
	2854 Stirling Road Suite E		
		Address	
	Hollywood, FL. 33021		
		City/ State and Zip Cod	c
carm	en@resolvemaritime.com		
	~	sed for future annual report	notification)
	· ·	•	,
For further information	on concerning this matter, pleas	se call:	
Carmen Martin		954	239-0266) de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address mendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

MYISION SOCIEDRATION

Articles of Amendment to Articles of Incorporation of

RESOLVE MARITIME CRUISE SERVIES, INC.

(Name of Corporation a	as currently filed with the Florida Dept. of State)	
P07000049963	,	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statts Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corpo	ration:	
RESOLVE MARITIME CRUISE SERVICES, INC.		The new
name must be distinguishable and contain the word "c"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abbi	Inc," or "Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the	10 CALL OF CAL
new registered agent and/or the new registered office		14 PM S
Name of New Registered Agent	NA	- 15 - 15
·	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Z	ip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position	n.
	MA	
Signatur	e 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	-	MA	
Add			
Remove			
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)	
	NA	
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The date of each amendment(s) adopti	on:	, 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 this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date nent of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ant for approval.	ı
	d by the shareholders through voting groups. The following statemen voting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
■ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Carn	nen Martin	
	(Typed or printed name of person signing)	
Sole	Owner (PresideNT)	
	(Title of person signing)	

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