

P11000034046

Florida Department of State
Division of Corporations
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((H13000160312 3)))



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Fax Number : (850) 617-6380

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OCEAN EUCLID INC.**

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JUL 19 2013

T. BROWN

H13000160312

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ocean Euclid Inc.

DOCUMENT NUMBER: P11000034046

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

Please return all correspondence concerning this matter to the following:

Gryska Sotolongo

Name of Contact Person

Thomas G. Sherman, P.A.

Firm/ Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City/ State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo at (305) 448-5898
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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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|---|--|---|--|

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



July 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OCEAN EUCLID INC.
8301 NW 197TH ST
MIAMI, FL 33015US

SUBJECT: OCEAN EUCLID INC.
REF: P11000034046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The officers type of action for Erica Morale and Massimo Nicastro is remove only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H13000160312
Letter Number: 313A00017484

RECEIVED
13 JUL 18 AM 8:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
13 JUL 18 PM 2:20

Articles of Amendment
to
Articles of Incorporation
of

Ocean Euclid Inc.

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

P11000034046

(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**)

1329 Alton Road
Miami Beach, FL 33139

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1329 Alton Road
Miami Beach, FL 33139

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 **Thomas G. Sherman, P.A.**

90 Almeria Avenue

(Florida street address)

New Registered Office Address: **Coral Gables, FL**, Florida **33134**
(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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	PTS	Erica Morale	8301 NW 197th St Miami, FL 33015
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Massimo Nicastro	8301 NW 197th St Miami, FL 33015
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PTS	Giovanni Bonacchi	1329 Alton Road Miami Beach, FL 33139
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Paolo Scattarreggia	1329 Alton Road Miami Beach, FL 33139
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

[illegible]

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

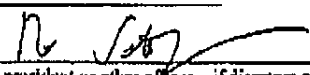
by _____"
(voting group)

☐ 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 July 17, 2013

Signature


(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)

Paolo Scattarreggia

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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