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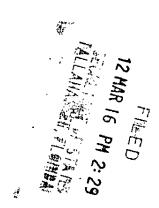
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Special Instructions to	rlling Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INTERNAT	TIONAL CRUISE	ICD, INC.	
DOCUMENT NUME	BER: P120000092	236		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARK M. HAS	SNER		
•		Name of Contact Person	n .	
	THERREL BA	ISDEN, P.A.		
•		Firm/ Company		
ONE SE THIRD AVE., SUITE 2950				
,	Address			
	MIAMI, FL 33	131	,	
•		City/ State and Zip Cod	e	
m	hasner@therrelb	aisden.com		
		sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
MARK M. H	IASNER	at (305	371-5758	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Ame Divis P.O.	ing Address Indment Section Island of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

INTERNATIONAL CRUISE ICD, INC.

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

P12000009236

(Document Numb	er of Corporation (if l	(nown)			
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Fi	orida Profit Corpo	oration adop	pts the following a	mendment(s)
A. If amending name, enter the new name of t	he corporation:				
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	o". A professiona		ited" or the abbi	
B. Enter new principal office address, if appli	cable:				
(Principal office address <u>MUST BE A STREET</u>	(<u>ADDRESS</u>)				
				· [3	沙 る 。
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			Ro- Se	7
					TEED 16 PM
					20
					_\subsection \cdots
D. If amending the registered agent and/or re-		ss in Florida, ente	r the name	of the	49
new registered agent and/or the new regist	ered office address:				
Name of New Registered Agent			<u>-</u>		
	(Florida stree	t address)			
New Registered Office Address:	12		, Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered ago	ent. I am familiar wii	h and accept the o	bligations o	of the position.	
Signature	of New Registered Ag	ent, 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 <math>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 Doe	
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) Change Add Remove	PTSD	EDWIN DALLOW	470 NE 185TH STREET MIAMI, FLORIDA 33179
2) Change Add Remove		_	
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	•
·	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	-770
	

The date of each amendment(s) adoption:	MARCH 15, 2012
Effective date if applicable:	MARCH 15, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	,,,
(ve	oting group)
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
Dated MALLET	15, 2a2
Signature	
(By a director, pre	esident or other officer - it directors or officers have not been
	corporator - if in the hands of a receiver, trustee, or other court
appointed liducian	ry by that fiduciary)
Mark	M. Hasner
	(Typed or printed name of person signing)
<u>Incorp</u>	porator
	(Title of person signing)