## 00085043

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JUN 29 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_ Italian Seaways Dominicana, Inc. DOCUMENT NUMBER: P12000085043 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen J. Kolski Name of Contact Person Catlin Saxon Fink & Kolski, LLP Firm/ Company 2600 Douglas Road, Suite 1003 Address Coral Gables, FL 33134 City/ State and Zip Code stevekolski@catlin-saxon.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 371-9575

Area Code & Daytime Telephone Number Stephen J. Kolski Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

| Italian Seaways Dominicana, Inc   |                               |                                    |                    |   |
|---|-------------------------------|------------------------------------|--------------------|---|
| (Name of Corporat   | ion as currently file         | ed with the Florida Dep            | t. of State)       | <del>- , </del>                         |
| P12000085043  |                               |                                    |                    |   |
| (Docur  | ment Number of Cor            | poration (if known)                |                    |   |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:                                     | la Statutes, this <i>Flor</i> | i <b>da Profit Corporation</b> a   | dopts the followi  | ng amendment(s                          |
| A. If amending name, enter the new name of the c  | orporation:                   |                                    |                    |   |
|   |                               |                                    |                    | The new                                 |
| name must be distinguishable and contain the wo   | rd "corporation,"             | "company," or "incorpe             | orated" or the     | * |
| "Corp.," "Inc.," or Co.," or the designation "Corp.   | o," "Inc," or "Co".           | A professional corpor              |                    |   |
| vord "chartered," "professional association," or the  | abbreviation "P.A.            | "                                  |                    | 20                                      |
| D. Enter was reinsing of the address it and back  |                               |                                    |                    | 2015 JUN 19                             |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)                       |                               |                                    |                    |   |
| The part office and ess most but is street in the   | <del>DRESS</del> )            |                                    |                    |   |
|   |                               |                                    |                    | <u> </u>                                |
|   |                               |                                    |                    | <u> </u>                                |
| S. Enter and malling address (Complete)   |                               |                                    |                    |   |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO                                  | <b>9Y</b> )                   |                                    |                    | AH II: 2                                |
| (Maning dutiess MAT BE AT OST OFFICE BC   | <u></u>                       |                                    | ·                  | <u>च्</u> रिक                           |
|   | _                             |                                    |                    |   |
|   |                               |                                    |                    |   |
|   |                               |                                    |                    | <del></del>                             |
| ). If amonding the registered agent and/or register   | wad affice address            | m Elouida, antau tha nas           | na af tha          |   |
| <ol> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered</li> </ol> |                               | n riorida, enter the nar           | ne or the          |   |
| new registered agent unasor the new registered  | onee address.                 |                                    |                    |   |
| Name of New Registered Agent  |                               |                                    |                    |   |
|   |                               |                                    |                    |   |
|   | (Florida street a             | ddraga)                            |                    |   |
|   | (Florida street di            | auress)                            |                    |   |
| New Registered Office Address:  |                               |                                    | , Florida          |   |
|   | (City                         | )                                  | (Zip               | Code)                                   |
|   |                               |                                    |                    |   |
|   |                               |                                    |                    |   |
| New Registered Agent's Signature, if changing Re  | gistered Agent:               |                                    |                    |   |
| hereby accept the appointment as registered agent.  |                               | and accept the obligation          | s of the position. |   |
|   | *                             | , 3                                |                    |   |
|   |                               |                                    |                    |   |
|   |                               |                                    |                    |   |
| C:  | and an and Maria Desir        | tour d. Amount. (C. alamas Service |                    | <del>_</del>                            |
| Sign  | nature of New Regis.          | tered 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 Doe         |                     |  |
|-------------------------------|--------------|------------------|---------------------|--|
| X Remove                      | <u>v</u>     | Mike Jones       |                     |  |
| X Add                         | <u>sv</u>    | Sally Smith      |                     |  |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>      | Address             |  |
| 1) Change                     | PD           | Francesco Lavela | 11825 NW 100th Road |  |
| Add                           |              |                  | Suite 1             |  |
| X Remove                      |              |                  | Medley, FL 33178    |  |
| 2) Change                     | PD           | Anthony Newman   | 11825 NW 100th Road |  |
| X Add                         |              |                  | Suite 1             |  |
| Remove                        |              |                  | Medley, FL 33178    |  |
| 3) Change                     |              |                  |                     |  |
| Add                           |              |                  |                     |  |
| Remove                        |              |                  |                     |  |
| 4) Change                     |              |                  |                     |  |
| Add                           |              |                  |                     |  |
| Remove                        |              |                  |                     |  |
| 5) Change                     |              |                  |                     |  |
| Add                           |              | ,                |                     |  |
| Remove                        |              |                  |                     |  |
|                               |              |                  |                     |  |
| 6) Change                     |              |                  |                     |  |
| Add                           |              |                  |                     |  |
| Remove                        |              |                  |                     |  |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary).                               | (Be specific)  |
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| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of t |
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|   |  |
|   |  |
| <del></del>   |  |
|   |  |

| The date of each amendment(s) adoption:date this document was signed.  | if other than the  |
|--|--|
| Effective date if applicable:  |  |
| (no mo   | re than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet a document's effective date on the Department of State's re | the applicable statutory filing requirements, this date will not be listed as the ecords.                                  |
| Adoption of Amendment(s) (CHECK O  | NE)  |
| The amendment(s) was/were adopted by the sharehole by the shareholders was/were sufficient for approval.           | ders. The number of votes cast for the amendment(s)  |
| ☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en           | ilders through voting groups. The following statement ntitled to vote separately on the amendment(s):                      |
| "The number of votes cast for the amendment(s)   | ) was/were sufficient for approval   |
| by(voting group  | , , , , , , , , , , , , , , , , , , ,  |
| (voting grou   | p)   |
| ☐ The amendment(s) was/were adopted by the board of action was not required.                                       | directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were adopted by the incorpora action was not required.                                      | ators without shareholder action and shareholder   |
| Dated 6 12 1   | <del></del>  |
| Signature /  |  |
| (By a director, president or o   | other officer — if directors or officers have not been — if in the hands of a receiver, trustee, or other court fiduciary) |
| Anthony Newman   |  |
| (Typed o   | r printed name of person signing)  |
| President  |  |
|  | (Title of person signing)  |