

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600307057966

12/29/17--01019--004 **35.00

17 DEC 29 AMTH: 27

R. WHITE
JAN 03 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Croisieurope Ame	rica Corp.			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
	David E. Klein, Esq.				
-		Name of Contact Person	n		
	Rabideau Law, P.A.				
-	Firm/ Company				
	400 Royal Palm Way, Suite	404			
-		Address			
	Palm Beach, FL 33480				
-	-	City/ State and Zip Cod	e		
dklein	@rabideau-law.com				
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
David E. Klein, Esq.	_	561 at (655-6221		
Name of 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:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 DEC 29 AM 11: 27

Croisieurope America Corp.		M DEC 53 Miles
(<u>Name of Corporati</u>	on as currently filed wit	ith the Florida Dept. of State
P14000054237		MULANEST
	nent Number of Corporat	ntion (if known)
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc," or "Co". A p	
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Flo	orida, enter the name of the
	-	
Name of New Registered Agent		
	(Florida street address)	s)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.		accept the obligations of the position.
Signe	ature of New Registered 2	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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X = X Remove $X = X$ Add	<u>V</u> <u>SV</u>	Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Đ	Nicola lannone	12 Rue de la Division
Add			LeClerc F
X Remove			Strasbourg, FR 67000FR
2) Change	Ð	John McGlade	12 Rue de la Division
X Add			LeClerc F
Remove			Strasbourg, FR 67000FR
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nece.	ssary). (Be specific)			
	-		<u> </u>	
				
	· · · · · · · · · · · · · · · · · · ·			-
	·			
f an amendment provides for a provisions for implementing t (if not applicable, indicate	<u>he amendment if not cont</u>	ion, or cancellation of is ained in the amendmen	ssued shares, t itself:	
				_
-		<u> </u>		
			* 	 -
	<u> </u>			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
 	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wirepartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	`	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Oct	-ober 11, 2017	
Signature		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other count ented fiduciary by that fiduciary)	
	Francis Simonklein	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

Page 4 of 4