Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002131953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for for annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN **CRUISES INC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

50/I0 35VA

CORPUSA

9696889908



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: CRUISES INC		
DOCUMENT NUMBE	R: P15000072261		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
M	ARIO PASTOR		
		Name of Contact Pers	on
L	AW OFFICE OF GONZAL	LEZ & ASSOCIATES	
_		Firm/ Company	
59	999 BISCAYNE BLVD	1 and Company	
		Address	
M	IAMI, FL 33137		
_		City/ State and Zip Co	de
MADIC	.PASTOR@NGONZALEZ	ZT ANY COM	
MARIC	-	sed for future annual repor	
	D-man address, (to be us	eco toi, tornie stuman teboi	t flottication)
For further information of	oncerning this matter, pleas	se call:	
MARIO PASTOR		at (305	758-7774 EXT 1105
Name of	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for t	ne following amount made p	payable to the Florida Dep	pariment 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)
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	

Articles of Amendment to Articles of Incorporation of

CRUISES INC			
(Name of Corporation	n as currently filed with the Fl	orida Dept. of State)	
P15000072261			
(Docume	ent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607,1006, Florida its Articles of incorporation:	Statutes, this Florida Profit Corp	poration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
LEGACY YACHT CRUISES, INC.		· -	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Zi		
(124114) GUATED TO BE OF SEE BOX	y <u></u>		
	· • • • • • • • • • • • • • • • • • • •		
new registered agent and/or the new registered o	iffice address:		
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regi- l hereby accept the appointment as registered agent. I		obligations of the po	sition.
Signa	dure of New Registered Agent, if	changing	
			15 S
			B
	Page 1 of 4		

₽AGE 03/06

CORPUSA

9696889908

£0:00 ST0Z/£0/60

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>IM</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add		•	
Remove			
3)Change			·
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Page 2 of 4

	eets, if necessary).	(Be specific)	<u>ue(s) here</u> :			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
						
		. 				
						
						
				·		
						
					· 	
					1	
						,
•						
			cation, or cancell	ution of issued sh	ares.	
an amendment pr	ovides for an excl	innge, reclassifi				
rovisions for impl	ementing the ame	ixnge, reclassifi adment if not c	ontained in the ar	nendnient itself:		
rovisions for impl	nvides for an exclusion ementing the ame le, indicate N/A)	innge, reclassifi indment if not c	ontained in the ar	nendment itself:		
rovisions for impl	ementing the ame	nange, reclassifi adment if not c	ontuined in the a	nendment itself:		
rovisions for impl	ementing the ame	unge, reclassifi adment if not c	ontained in the a	nendnjent itself:		
rovisions for impl	ementing the ame	unge, reclassifi	ontained in the a	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the ar	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the a	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the a	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the ar	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the a	mendment itself:		
rovisions for impl	ementing the ame	ange, reclassifi	ontained in the ar	mendment itself:		
an amendment pr provisions for impl (if not applicabl	ementing the ame	ange, reclassifi	ontained in the a	mendment itself:		

Page 3 of 4

The date of each amoudment(s) adoption:	, if other than the
date this document was signed.	
Effective date ff applicable:	
(no more than 90 days after amendment filo date)	
Note: If the date inserted in this block does not meet the applicable statutory fitting requirements, this did document's effective date on the Department of State's records.	ate will not be tisted as the
Adoption of Amendment(s) (CBECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/vero adopted by the board of directors without shareholder action and shareholder getion was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	
Signature (By a director, president of other officer or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other com- appointed fiduciary by that fiduciary)	rt ·
(Typed or printed name of person signing)	
(Title of person signing)	

Page 4 of 4