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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORDORA	THE GALL	EON OF THE 7	SEAS, INC.
DOCUMENT NUMBE	P1600000956	65	
	Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
N	/IKE ASAAD		
-	SALLEON OF T	Name of Contact Persor HE 7 SEAS, INC	
-	681 DIVISION I	Firm/ Company	
	ORT MYERS F	Address	
<u> </u>	<u></u>	City/ State and Zip Code	
MIK	E-mail address: (to be us	TIFFANY.COM sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
MIKE ASAAD		_{at (} 941	275-6214
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE	GALI	FON	OF	THE	7	SEAS,	INC.
	—		\smile			\circ	1110

THE OALLEON OF THE 7 C)L/(0, 1140		<u> </u>
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)	
P16000009565			
(Document Numb	er of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florid</i>	da Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of t	he corporation:		
GALLEON OF THE 7 SEAS,	INC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	Corp," "Inc," or "Co".	A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if application			
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		DEC 22 PH
	_		- 3: 51
D. If amending the registered agent and/or reg		r Florida, enter the name	of the
new registered agent and/or the new register MIK Name of New Registered Agent	E ASAAD		
	(Florida street ad	dress)	
New Registered Office Address:		, Florida	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. Jum familiar with a		of the position.

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		-		
Remove				
Kelliove				
4) Change		-		
Add				
Remove				
Character (Character)				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
lf an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

The date of each amendment(s) a	doption: DECEIVIBER 18, 2017
Effective date if applicable:	ECEMBER 18, 2007
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK <u>ON</u> E)
Adoption of Amendment(s)	(CHECK SIM)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were appured to the must be separately provided for	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 cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated DECE	MBER 18, 2017
Signature	1./1 Soul
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 court inted fiduciary by that fiduciary)
	MIKE ASAAD
	(Typed or printed name of person signing)
	VP 0/
	(Title of person signing)