Division of Corporations 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.

(((H22000256890 3)))



H220002558903ABC1

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 : FLORIDA TAX & ACCOUNTING SERVICES, INC.

Account Number: 120130000078
Phone: (305)235-9292
Fax Number: (305)328-9359

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

ENDLY ADDRESS: FTAS 1120 Q GMAIL . COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN OCEAN 995, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

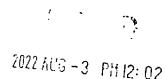
AUS -3 PH 12: 02

C 3/4/2022

のはないのは、

OCEAN 995, INC.

Articles of Amendment to Articles of Incorporation of



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

P21000102405

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida,

(Lip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Fixecutive Officer; CEO = 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	PT	John 130	£.	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Namç	<u>Addres</u> s
1) Change	VP	_	PROIETTI, GUILIANO	VIALE DI CASTEL PORZIANO
Add				ROMA, IT 00124 IT
X Remove				
2) Change				
Add				
Remove Change		-		
Add				
Remove				
4) Change		-		
Remove				
5) Change				
Add				
Remove				
6) Change		_		<u> </u>
Add				
Remove				

Attach additional shee	ts, if necessary),	(Be specific)				
						
				· · · · · · · · · · · · · · · · · · ·		
	A		 .			
			. <u>.</u> .			

	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
					 .	
	-					
<u></u>		<u> </u>				
				<u></u> .		
		··· · · · · · · · · · · · · · · · · ·				
an amendment pro	vides for an excl	ange, reclassific	ation, or exacel	lation of issued s	hares.	
provisions for imple	nenting the ame	ndment if not co	ntained in the a	mendment itself	<u>:</u>	
(if not applicable,	indicate N/A)					
					·, - · · · · · · · · · · · · · · · · · ·	_

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amen	dmeni file dase)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(x) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder section and shareholder
☐ The amendment(s) wan/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	
(voting group)	
O7/25/2022 Dated Signature Conclusion of the officer – if directors of the officer – if direct	r officers have not been
selected, by an incorporator — if in the hands of a recei appointed fiduciary by that fiduciary)	ver, trustee, or other court
ROSSELLA QUINTABA	
(Typed or printed name of person si	gning)
PRESIDENT	
(Title of person signing)	