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SECRETARY OF STATE

DEC 1 0 2014 C. CARROTHERS

COVER LETTER

Division of Co			
NAME OF CORP	Galatea Design, Inc ORATION:	:.	
DOCUMENT NUI	P92000002410		
The enclosed Articl	es of Amendment and fee are sub	omitted for filing.	
Please return all con	respondence concerning this mat	ter to the following:	
	Barbara A.K. Irons		
	Galatea Design, Inc.	Name of Contact Person	
	PO Box 2959	Firm/ Company	<u> </u>
·	Palm Beach, Florida 33480	Address	
		City/ State and Zip Code	
ba	rbara@waterlanecapital.com		
<u></u> !	•	ed for future annual report	notification)
For further informa	tion concerning this matter, pleas	e call:	
Barbara A.K. Irons		at (685-7210
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	rument 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)
Ā L P	Tailing Address Intendment Section Division of Corporations O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
•	anana326, 1.D 22314		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Galatea Design, Inc.			
P92000002410	of Corporation as curren	tly filed with the Florida Dept	t. of State)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation as	dopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		SET Gew :
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated a	nation "Corp," "Inc," or tion," or the abbreviation	"Co". A professional corpora	
B. Enter new principal office address, (Principal office address MUST BE A S		Palm Beach, Florida 3348	0
C. Enter new mailing address, if apple (Mailing address MAY BE A POST		PO Box 2959 Palm Beach, Florida 33486	0
D. If amending the registered agent ar new registered agent and/or the ne			ne of the
Name of New Registered Agent	Barbara A.K. Irons	_	
Mane of New Acquire Aren	205 Worth Avenue		
	(Florida s	street address)	
New Registered Office Address:	Palm Beach		33480 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	thanging Registered Agentered agent. I am familian	nt: r with and accept the obligation	is of the position.
	Signature of New	Registered 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.

X Change	PT John	<u>Iohn Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	Mike Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Mario de Mendoza, III	12765 Forest Hill Boulevard
Add			Suite 1302
X Remove			Wellington, Florida 33414
2) Change	ST	Mario de Mendoza, III	12765 Forest Hill Boulevard
Add			Suite 1302
X Remove			Wellington, Florida 33414
X Change	PSTD	Barbara A.K. Irons	PO Box 2959
Add			Palm Beach, Florida 33480
Remove			
4) Change	***		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary). (Be specific)
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	nt provides for an exchange, reclassification, or cancellation of issued shares.
f an amendme	implementing the amendment if not contained in the amendment itself-
f an amendme provisions for (if not app	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: (icable, indicate N/A)
(if not app	licable, indicate N/A)
f an amendme provisions for (if not app	licable, indicate N/A)
(if not app	licable, indicate N/A)
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DEC-08-2015 TUE 05:50 PM RSVP	FAX: 5616599776 P. 006
The date of each amendment(s) adoption: date this document was signed. January 1, 2015	if other than the
Effective date if applicable:	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK O)NE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group e	
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
by(voting grou	
☐ The amendment(s) was/were adopted by the board of action was not required.	
The amendment(s) was/were adopted by the incorpor action was not required. December 8, 2015 Dated	rators without shareholder action and shareholder
	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court
Barbara A.K. Irons	••
(Typed	or printed name of person signing)
PSTD	
	(Title of person signing)