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TO: Amendment Section Division of Corporations

NAME OF COF	RPORATION: CAMPER & NIC	HOLSONS USA, INC.				
DOCUMENT N	UMBER:					
The enclosed An	icles of Amendment and fee are s	ubmitted for filing.				
Please return all o	correspondence concerning this ma	atter to the following:				
	Vanessa David & Jessica Ru	ıcz				
		Name of Contact Person				
	Camper & Nicholsons					
		Firm' Company				
	7 Rue du Gabian, Gildo Pastor Center					
		Address	····			
	98000 MONACO					
		City' State and Zip Cod	c			
	vdavid a camperandnicholso					
	E-mail address: (to be u	sed for future annual report	notification)			
For further inform	nation concerning this matter, plea	se call:				
Vanessa David		at (	97977700			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fe	c	□\$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, F1, 32314		Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of Barrio Harris

CAMPER & NICHOLSONS USA, INC		
(Name :	of Corporation as curre	ntly filed with the Florida Dept. of State)
¥ (94341	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendments:
A. If amending name, enter the new p	ame of the corporation:	
name must be distinguishable and consain "Inc.," or Co" ar the designation "( "chartered," "professional association."	Corp," "Inc." or "Co".	"company," or "Incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word  "
B. <u>Enter new principal office address.</u> Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET <u>ADDRESS</u> )	N/A
. Enter new mailing address. If appl (Mailing address MAY BE A POST		N/A
<ul> <li>If amending the registered agent as new registered agent and/or the ner</li> </ul>	rd/or resistered office at w resistered office addre	idress in Florida, enter the name of the
Name of New Registered Agent	Corporate Creations Ne	twork Inc.
	801 US Highway I	
	(Florida	strest address)
New Registered Office Address:	North Palm Beach	, Florida
		(City) (Zip Code)
New Resistered Agent's Signature, if e hereby accept the appointment as regist	vered agent. I am familia	r with and accept the obligations of the position  Sean Arno, Special Secretary
	Signature of New	Registered Agent, if changing
Check if applicable  The amendment(s) is/are being filed p	tursumm to s. 607.0120 (1	1) (c), 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)

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	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	Fabrizio Scereh	450 Royal Palm Way
X Add			Suite 100
Remove			Palm beach, FL33480, USA
2) Change	Other	Camper & Nicholsons Intl S.A.	16 Allee Marconi
Add			Luxembourg 2120
X Remove 3) Change	Other	Camper & Nicholsons Intl S.A.	48 Boulevard
X Add	-		Grande Duchesse Charlotte
Remove			1330 Luxembourg
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		<del>-</del>	
Add			
Remove			

<ul> <li>If amending or adding addition (Attach additional sheets, if necessity)</li> </ul>	sary). (Be specific)	TITL NELL		
/A				
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If an amendment provides for	an exchange, reclassifi	ication, or cancellation	n of icened shares	
provisions for implementing t	<u>he amendment if not c</u>	ontained in the amen	dment itself:	
(if not applicable, indicate	N A)			
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7 April 2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
7 April 2020 Effective date if applicable:	
(no more than 90 days after amendment file da	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
Signature  (By a director, president or other officer – if directors or officers hav selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	
Paolo Casani	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<u> </u>

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