

N120000006886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 18 AM 10:57

C. Lewis
9-25-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

XI LIN / TABLE TENNIS FUN CLUB CORPORATION
2622 BRITANNIA ROAD
SARASOTA, FL 34231 US

SUBJECT: TABLE TENNIS FUN CLUB CORPORATION
Ref. Number: N12000006886

We have received your document for TABLE TENNIS FUN CLUB CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We must have original signatures for the agent and the president. A typed signature is not acceptable for a non profit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 914A00019361

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **TABLE TENNIS FUN CLUB CORPORATION**

DOCUMENT NUMBER: **N12000006886**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

XI LIN

(Name of Contact Person)

TABLE TENNINS FUN CLUB CORPORATION

(Firm/ Company)

2622 BRITANNIA ROAD

(Address)

SARASOTA, FL 34231

(City/ State and Zip Code)

TOPUSA888@GMAIL.COM

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

XI LIN

(Name of Contact Person)

917

at (

518-3635

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TABLE TENNIS FUN CLUB CORPORATION

14 SEP 18 AM 10:57

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

N12000006886

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2622 BRITANNIA ROAD

SORASOTA, FL 34231

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: XI LIN

2622 BRITANNIA ROAD

(Florida street address)

New Registered Office Address:

SORASOTA

(City)

, Florida 34231

(Zip Code)

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

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>XI LIN</u>	<u>2622 BRITANNIA ROAD</u> <u>SORASOTA, FL 34231</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>RUI GUAN LIN</u>	<u>2622 BRITANNIA ROAD</u> <u>SORASOTA, FL 34231</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>YONG MIN LI</u>	<u>2622 BRITANNIA ROAD</u> <u>SORASOTA, FL 34231</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>MIN QING CHEN</u>	<u>1515 OHIO AVE</u> <u>DUNEDIN, FL 34698</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>SHU MIN SHI</u>	<u>1950 73RD 2ND FL</u> <u>BROOKLYN, NY 11204</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>YI CAN SHI</u>	<u>255 BOERUM ST</u> <u>BROOKLYN, NY 11206</u>

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Methodology:** A cross-sectional survey was conducted using a validated questionnaire to assess the mental health status of healthcare workers. The survey was distributed online and received responses from 1,200 healthcare workers across various medical facilities.

3. **Results:** The study found that a significant majority of healthcare workers (78%) reported experiencing symptoms of anxiety and depression during the COVID-19 pandemic. The most common symptoms reported were increased worry, difficulty concentrating, and feelings of isolation.

4. **Conclusion:** The findings highlight the severe mental health impact of the COVID-19 pandemic on healthcare workers. It is crucial for healthcare organizations to implement support systems and mental health resources to address the needs of their staff.

5. **Limitations:** The study's limitations include its cross-sectional design, which does not allow for the establishment of causality, and the potential for self-reporting bias.

6. **Future Research:** Further research is needed to explore the long-term mental health effects of the COVID-19 pandemic on healthcare workers and to evaluate the effectiveness of various interventions.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: 11 SEP 18 AM 10:57
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/22/2014

Signature Xi Lin
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

XI LIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)