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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations		
NAME OF CORPORATION: SOFT	HANDS ORIENT	FAL MASSAGE, Inc.
DOCUMENT NUMBER: EIN#	26-2034715	
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Jughace	Toseph ame of Contact Person	
SOFT HANDS	ORIENTAL MA	SSAGE, INC.
16950 Nor	th Ray Road A	9pt#1401
	LES FLORIDA ty/State and Zip Code  A Value of tor future annual report nounication)	
For further information concerning this matter, p	blease call:	
Jughace Joseph Name of Contact Persol	at ( <del>786</del> ) <u>553</u> -	
Enclosed is a check for the following amount ma	ade payable to the Florida Departn	nent of State:
☐ \$35 Filing Fee	\$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	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	1

Tallahassee, FL 32301

## Articles of Amendment to Service Articles of Incorporation of

SOFT	HANDS	ORIENTAL	MASSAGE	-INC.
(Name of Co	orporation as curre	ently filed with the Florida Dep	t. of State)	9
EIN# 2	6-20347	-15		•
	(Document Num	ber 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:

A. If amending name, enter the new name			
abbreviation "Corp.," "Inc.," or Co.," or	MASSAGE, IN a ain the word "corporation," "company," r the designation "Corp," "Inc," or "Co". "professional association," or the abbrevia	A professional corporation	
B. Enter new principal office address, if (Principal office address MUST BE A ST.			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		20 II	
	or registered office address in Florida, en	ter the name of the	T
new registered agent and/or the new	registered office address:		
Name of New Registered Agent:			T
New Registered Office Address:	(Florida street address)		
	(City) (Zi	, Florida ip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	nging Registered Agent: ed agent. I am familiar with and accept the	obligations of the position.	
	Signature of New Registered Agent, if cha	inging	
	Page 1 of 3		

Title	Name	Address	Type of Action
	<u>- (WILLS</u>		
			🗆 A/dd
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	ding or adding additional Artadditional sheets, if necessary).		•
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F. <u>Ifana</u>	mendment provides for an ex	hange, reclassification, or cancella	ation of issued shares,
<u>provis</u>	ions for implementing the ame not applicable, indicate N/A	endment if not contained in the am	endment itself:
(9)	not applicable, maleute 1477)		
	/		<del>-</del>
	/		

Page 2 of 3

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:

• The date of each amendment(s)	adoption: 12/01/2010	
Effective date <u>if applicable</u> :	12/20/2010 (date of adoption is required)	<del></del>
	o more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	ment(s)
* *	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	oting group)	
(v	oting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ler
Dated	2/20/2010	
Signature X	A d	
(By a c	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
-	Tugnace Joseph (Typed or printed name of person signing)	
-	President (Title of person signing)	