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JUL 1 7 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NORTH POLE HEALTHCARE, INC.

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DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

LIN ZHENG

Name of Contact Person

NORTH POLE HEALTHCARE, INC.

Firm/ Company

13038 WENFIELD SCOTTEBLVD

Address

ORLANDO, FLORIDA 32837

City/ State and Zip Code

ZHENGLIN45@HOTMAIL.COM

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

For further information concerning this matter, please call:

 LIN ZHENG
 at (407)
 2569668

 Name of Contact Person
 Area Code & Daytime Telephone Number

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

□ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$\$2.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

NORTH POLE HEALTHCARE, INC.

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

P08000038112

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(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:

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

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

	<u>principal office address, if</u> 2e address <u>MUST BE A ST</u>		<u>ESS</u>)		- · · -		····-	SECRE	1018 JUL	-
	<u>mailing address, if applic</u> ddress <u>MAY BEA POST O</u>		,					NSSEE FU	18 11	LED
									67) 649	
	g the registered agent and ered agent and/or the new				da, ent <u>er f</u>	<u>he name o</u>	<u>f the</u>			
Name	of <u>New Registered</u> Agent		-							
			tFlorida stre	et addressi				···		
<u>New b</u>	<u>legistered Office Address:</u>	· · ·		 Сіфт		. <u> </u>	orida _.	iZip Üm	lei	

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

Thereby 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)

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 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 $\overline{\mathbf{PT}}$ <u>John Doe</u> X Remove V Mike Jones <u> X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) Р ZHOU, QIANG 11 Tennyson Street 1) ____ Change N Edison, NJ 08820 Add _____ Remove ---- --- ----2) ^N CEO ZHENG, LIN 13038 WINFIELD SCOTT BLVD _ Change _____ ORLANDO, FL 32837 ____ Add ____ Remove Τ. FENG, YIBING 13038 WINFIELD SCOTT BLVD 3) _ Change _ __ . Х ORLANDO, FLORIDA 32837 - . <u>- - - - - -</u> -___ Remove 4) ____ Change Add Remove 51 _ Change - -_ Add Remove 6) ____ Change Add Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary), (Be specific)*

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N A)	
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	ument was signed	
Effective d:	ite <u>if applicable</u> :	JUNE 30, 2018
		(no more than 90 days after amendment file date)
Note: If the document's	e date inserted in effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption o	f Amendment(s)	(<u>CHECK ONE</u>)
		re adopted by the shareholders. The number of votes east for the amendment(s) zere sufficient for approval.
The amer must be	adment(s) was/we separately provid	ere approved by the shareholders through voting groups. <i>The following statement led for each voting group entitled to vote separately on the amendment(s)</i> :
"T"	w number of vote	s cast for the amendment(s) was/were sufficient for approval
by		(voting group)
		(voting group)
action wa	is not required.	re adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action wa	·	E 30. 2018
	Signature	
	(H S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
		LIN ZHENG
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)

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