P1000050209

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Jing Mas		Inc	
DOCUMENT NUM	rber: P10000050	209		-
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Irene Cai			
		Name of Contact Perso	n	
	Youngmei Cor	р		
		Firm/ Company		
	6724 Columbia	a Ave		
	-	Address		
	Lake Worth, Fl	L, 33467		
		City/ State and Zip Cod	e	
VO	ungmeicpa@gr	mail.com		一个
<u> </u>		sed for future annual report	notification)	
		•		25 2
For further information	on concerning this matter, pleas	se call:		PIT
Irene Cai		_{ar} 561	, 283-1258	
Name	of Contact Person	Area Co	ode & Daytime Telephone N	umber 71
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div	niling Address tendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

01	
Jing Massage Therapy Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1000050209	

nt(s) to

P1000050209	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2176 Jog Rd, Greenacres,
	FL, 33415 💝 🍾
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2176 Jog Rd, Greenacres,
	FL, 33415
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	
315 Belle Gr	rove Ln
	treet address)
New Registered Office Address: Royal Palm 8	Beach , Florida 33411
(Cir	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New Registered	with and accept the obligations of the position.

L

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Jing Hua Li	7100 S Military Tr #7114
Add			Lake Worth, FL, 33463
Remove			
2) Change	Р	Lily Li	2176 Jog Rd, Greenacres
Add			FL, 33415
Remove			
3) Change			· -
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment isself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	- -
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 05/24/2014	
Signature X 2 2	F TI
(By a director, president or other officer - if directors or officers have not been,	2
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	N : σ : σ : σ : σ : σ : σ : σ : σ : σ :
appointed fiduciary by that fiduciary)	골 []
Jinghua Li	
(Typed or printed name of person signing)	- -1
President	
(Title of person signing)	