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Amend Trown 1-12-12

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SOUNOR, INC. P10000078762 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINE CHEW Name of Contact Person CHRISTINE CHEW & ASSOCIATES INC Firm/ Company 539 N MILLS AVE Address ORLANDO, FL 32803 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 894-7259

Area Code & Daytime Telephone Number CHRISTINE CHEW Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fec & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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TALLAHASSEE.	TORIOZ

SOUNOR, INC.

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

P10000078762

dment(s) to

(Document	Number of Corporation	(if known)	,.
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Cor	poration adopts the following
. If amending name, enter the new nar	me of the corporation:		
N/A			
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa- cord "chartered," "professional associati	uion "Corp," "Inc." or	"Co". A professio.	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		539 N MI	ILLS AVE
		ORLAND	OO, FL 32803
			y
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		539 N MI	ILLS AVE
		ORLAND	O, FL 32803
P. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		ss:	ter the name of the `
	539 N MILLS A	AVE	
		street address)	
New Registered Office Address:	ORLANDO		Florida 32803
	(Cit	(V	(Zip Code)
ew Registered Agent's Signature, if ch			a abligations of the position
wereoy accept the appointment as registe	rea azem. 1 am jamina.	г wин ана ассері інс	: oongunous of the postition
Sign	nature of New Registerer	Agent, if changing	
New Registered Office Address: New Registered Agent's Signature, if che New Accept the appointment as registered X	(Florida : ORLANDO (Cit anging Registered Agented agent. I am familia	street address) y) nt: r with and accept the	, Florida(Zip Co

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> .	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Р	ZHANG, DONG	14308 BRIDGEWATER CROSSING BLVD WINDERMERE FL 34786
2) Change Add Remove	Р	ZHANG, YANG	Door 3, No 11, Wishful Road Shenyang City, Liaoning Province, China 11004
3) Change Add Remove			
4) Change Add Remove	<u> </u>		
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(s) a	doption: 11/01/2011
Effective date if applicable: 11	/01/2011
Energy date in apprecion.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Signature	
(By a c selecto	director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	DONG ZHANG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)