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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BANSAI, INC. DOCUMENT NUMBER: P10000088767 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAOWALAK BONING Name of Contact Person BANSALINC, DBA BE THAI Firm/ Company 334 EGLIN PARKWAY NE Address FOT WALTON BEACH, FL 32548 City/ State and Zip Code JCAINCCI@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 ) 496-6564

Area Code & Daytime Telephone Number YAOWALAK BONING 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 Filling Fee & □\$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

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, Fl. 32314

## Articles of Amendment to Articles of Incorporation of

BANSALINC	,,		
	itly filed with the Florida Dept. of State		
P10000088767	they med with the Florida Dept. of State	,	
(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 t	ollowing amendmen	t(s) to
A. If amending name, enter the new name of the corporation:	14	The new	
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	r the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	_ N 14		
, <del>, , , , , , , , , , , , , , , , , , </del>		2019 007	e · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31 CUPRESSUS LN NW	21 PH	* ·
	FORT WALTON BEACH FL 3254	<del></del>	* ·
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		-	
Name of New Registered Agent	NA		
(Florida s	areet address)		
New Registered Office Address:	(City) . Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the po	oxition.	

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: XChange	<u>PT</u>	John Doe	
$\underline{X}$ 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	DPT	VANIDA JARIYATEPTHAVON	226 SPENCER DR FORT WAKT
Add			
-X- Remove			
2, Change			····•
Add			
Remove			
3) Change		<del>-</del>	
Add			
Remove			
4) Change	Р	YAOWALAK BONING	31 CUPRESSUS LN NW
X Add			Ft walton beach FL 325-18
Remove			325-18
5 Change			_
Add			
Remove			
6) Change	OFF	RAJSUWON NIRUNDA	133 WILLIARD NE RD FORT W.
Add			
X Remove			

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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification dment if not contain	, or cancellation of issued shed in the amendment itself:	ares,
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	10/1/2019	
The date of each amendment date this document was signed.	s) adoption:	, if other than the
בו נו מי ב יי ממינים	10/1/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	u
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
OCTC Dated_	PBER 1.02019	
Signature 4	Heavall Borng	
(B	y a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
-1	YAOWALAK BONING	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>