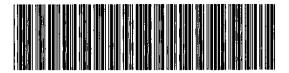
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(Pa	equestor's Name)	
(Ne	questors Name)	
(Ad	ldress)	
(Ad	ldress)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HO HO CHIN	ESE FAST FOOD INC		
DOCUMENT NUMBE	R:P11000007	725		_
The enclosed Articles of	'Amendment and fee are su	omitted for filing.		PLEASE SEND ARTICLES OF
Please return all correspo	ondence concerning this mat	ter to the following:		AMENDMENT TO:
		JACK KWON		JACK KWON
		Name of Contact Person		469 LAKE ROAD,
				•
		Firm/ Company		LAKE MARY, FL 32746
		469 LAKE ROAD		
~		Address		
	L	AKE MARY, FL 3274	6	
		City/ State and Zip Code		
	וז	ZVIJONO 7 2 C GOVA TV C		
		KKWON0726@GMAIL. C		_
	D man add obs. (10 of m	20, 20,000 0000000000000000000000000000	,	
For further information of	concerning this matter, pleas	ee call:		
•	JACK KWON	at (407) 474-2454	
Name of	Contact Person		de & Daytime Telephone N	lumber
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	₩\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Maili	ng Address	Street	Address	1

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



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	OUTHER LAS		- 14 1A1 -5) AM	7. E
(Name of Corporation as currently	filed with the Flori	da Dept. of State)). Đ
	000007725				
(Document Number	of Corporation (if kn	own)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation;	ida Statutes, this Flo	rida Profit Corporation ac	lopts the following a	mendmer	ıt(s) t
A. If amending name, enter the new name of the	corporation:				
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	rp," "Inc," or "Co"	". A professional corpora	rated" or the abbr	he new eviation stain the	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ole: DDRESS)				
C. Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)				
D. If amending the registered agent and/or regis	tered office address	in Florida, enter the na	me of the		
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent	·	<u></u>	~		
	(Florida street	address)	_		
New Registered Office Address:		, Floride	a(Zip Code)		
	(City)		(Zip Code)		
··.	.				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<mark>Registered Agent:</mark> nt. I am familiar wit	h and accept the obligatio	ns of the position.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Signature o	f New Registered Ag	ent, 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	MING ZHI YOU	7902 LEM TURNER ROAD
Add			JACKSONVILLE, FL 32208
X Remove			
2) Change	S	QI DONG YOU	7902 LEM TURNER ROAD
Add			JACKSONVILLE, FL 32208
X Remove			
3) Change			
Add			
Remove		••	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical Artical Attach additional sheets, if necessary).	(Be specific)
<u> </u>	N/A
	`
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
or ovisions for implementing the ame: (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
`. N/	Ā
•	

The date of each amendme	nt(s) adoption: MAY 1, 2017
Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
. — – .	(voting group)
action was not required.	vere adopted by the board of directors without shareholder action and shareholder
DatedSignature	MAY 1, 2017 You I City
Oikuarate	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JIAN L. YOU
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)