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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

Amend News 4-13-11

TO: Amendment Section Division of Corporations	•
NÂME OF CORPORATION:	Zovi Exports Company Limite 11000009229
4	11000009229'
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
ain	
	Name of Contact Person
	Thank of Contact Person
·	
	Firm/ Company
·	
4826	SUNKist way
	Address
Cooper	City FL 33330 City/State and Zip Code Exports @ Hot Mail. com be used for future annual report notification)
•	City/ State and Zip Code
7 ovi t	Exports @ Hotmail.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this n	natter, please call:
U. CAMP SANAND	1000 at (954) 812 6043
(Name of Contact Person	Area Code & Daytime Telephone Number
•	ount made payable to the Florida Department of State:
\$35 Filing Fee \$\mathbf{Y}\$43.75 Filing Fee 8	\$43.75 Filing Fee & \$52.50 Filing Fee
Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
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Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

	SCOMPA		
(Name of Corporation as currently		la Dept. of State)	
PI/00000 (Document Number of		wn)	
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	•	•	ots the following
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Ĉorp," "Inc	c," or "Co". A professional co	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)		TALLAHASSEE FLOR
D. If amending the registered agent and/or regist new registered agent and/or the new registered		n Florida, enter the name of th	ne of
Name of New Registered Agent:		·	
New Registered Office Address:	(Florida street c	,	
		, Florida	

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)				
Ti	Abraham Darw Rin Liu	Address 15h 4826 Sunkiste Cooper City, FL 33330 4826 Sunkist way Cooper City, FL 33330	_	
	If amending or adding additional Articles, enter attach additional sheets, if necessary). (Be specified)			
F.	If an amendment provides for an exchange, recl provisions for implementing the amendment if a (if not applicable, indicate N/A)			

Effective date if applicable:	SAME
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each 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)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	3/21/11
Signature	~ 6·s
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Qin Liu
	(Typed or printed name of person signing) Presi dent
	(Title of person signing)