P11000020297

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>. </u>
(Cit	y/State/Zip/Phone	; #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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MAR 2 5 2014 C. CARROTHERS

> MAR 2.5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Red Wok	Buffet Inc				
DOCUMENT NUMB	ER: P110000202	297				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Ying Qing Ye					
Name of Contact Person Red Wok Buffet Inc						
Firm/ Company C/O 136 Bowery Ste 203						
-		Address				
	New York, NY 10	City/ State and Zip Cod	le			
		,				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Ying Quing Ye		at (917	, 803-1826			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)			
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment **Articles of Incorporation** of

Red Wok Buffet Inc

Fill ED _14 MAR 24 AM 10: 65

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

P11000020297

(Document Number of Corporation (if known)

ment(s) to

	ame of the corporat	<u>tion:</u>			
N/A				The n	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desigr word "chartered," "professional associa	nation "Corp," "Inc	c," or "Co". A profession	or "incorpora onal corporati	ated" or the abbreviati	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	N/A		
					
			<u></u> -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
D. If amending the registered agent an	nd/or registered offi		nter the name	of the	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered offi w registered office :	ice address in Florida, e	nter the name	of the	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office a	ce address in Florida, e address:	nter the name	of the	
new registered agent and/or the new	w registered office a	address:	nter the name	of the	
new registered agent and/or the new Name of New Registered Agent	w registered office a	ice address in Florida, en address: orida street address)		of the	
new registered agent and/or the new	w registered office a	address: orida sireei address)	nter the name		
Name of New Registered Agent	w registered office a	address:		of the (Zip Code)	
new registered agent and/or the new Name of New Registered Agent	N/A N/A (F)	address: orida street address) (City)			

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 PT John Doe X Remove V Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) VP Li Juan Jiang 24204 W Newberry Rd Change Ste F Add Newberry, FL 32669 Remove Change Add Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Article VII
The initial Officer(s) and/or director(s) of the corporation is/are:
Title: P
Ying Qing Ye
24204 W Newberry Rd Ste F
Newberry, FL 32669
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) adoption:	, 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 cast for the amendment(s) was/were sufficient for approval	
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	
(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)	
Ying Qing Ye	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>

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