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JENSION OF CORPORATIONS

DEC O A 2013 CNCWAIR

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ORIENTAL HEALTHY CENTER INC DOCUMENT NUMBER: <u>P110000</u> 13077 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OR VENTUL healthy
Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ar (<u>954</u>) <u>253-48'99'</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Fiorida Department of State. S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing 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** 

**TO:** Amendment Section

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment**

## Articles of Incorporation

P11000023077

	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	O6, Florida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new nam	of the corporation:
	The ne
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR	pplicable: EET ADDRESS )
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ole; FICE BOX)
D. If amending the registered agent and/onew registered agent and/or the new r	or registered office address in Florida, enter the name of the egistered office address:
Name of New Registered Agent	Wartxin Li
New Registered Office Address:	WANXIN II 1545 E rikland Park BlV)  (Florida street address)  Oak Land Dark  (City)  (City)
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the position.
<del></del>	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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	<u>P</u>	Sinclary, Trains	1323 SE 17th #477 Fort while FL 33346	
Add			Fort while FL 33346	
<u>X</u> Remove			<del></del>	
2) Change	<u>P</u>	WANXINLI	1545 E Oakland park 7433:	
X Add			BUD OCKLING POLK FLSS	
Remove			<del>_</del>	
3 ) Change				
Remove				
4)Change				
Remove			<del></del>	
5) Change				
Add			<del></del>	
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	·
<del></del>	
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I an amendment provides for an exchange or an exchange of the arms	hange, reclassification, or cancellation of issued source endment if not contained in the amendment itself
(if not applicable, indicate N/A;	the amendment then

The date of each amendment(s) adoption:
Effective date if applicable: // 10/20/9  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
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 10/29/2019
Dated 10/29/2019  Signature
(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 figue:
Sinclair Thans
(Typed or printed name of person signing)
PRESTUENT
(Title of person signing)

the

the