

P110000027428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOMO SPA HEALTH & THERAPY INC

DOCUMENT NUMBER: P11000027428

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIUCHUN ZHANG

Name of Contact Person

Firm/ Company

3937 N ANDREWS AVENUE

Address

OAKLAND PARK, FL 33309

City/ State and Zip Code

GLORIAGUOCPA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA GUO CPA

Name of Contact Person

at (561) 386-8212

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

RECEIVED

12 NOV 21 PM 1:38

MAIL ROOM
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314
P.O. Box 6327
Amendment Section
Division of Corporations
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2012

XIUCHUN ZHANG
MOMO SPA HEALTH & THERAPY INC
3937 N ANDREWS AVENUE
OAKLAND PARK, FL 33309 US

SUBJECT: MOMO SPA HEALTH & THERAPY, INC.
Ref. Number: P11000027428

We have received your document for MOMO SPA HEALTH & THERAPY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 312A00028061

RECEIVED
12 DEC 10 AM 9:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2012

XIUCHUN ZHANG
MOMO SPA HEALTH & THERAPY INC
3937 N ANDREWS AVENUE
OAKLAND PARK, FL 33309 US

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Rebekah White
Regulatory Specialist

Letter Number: 312A00028061

Articles of Amendment
to
Articles of Incorporation
of

MOMO SPA HEALTH & THERAPY INC

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

P11000027428

(Document Number of Corporation (if known))

FILED
12 DEC 12 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent XIUCHUN ZHANG

3937 N ANDREWS AVENUE

(Florida street address)

New Registered Office Address: OAKLAND PARK, Florida 33309

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

XIUCHUN ZHANG

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Title

Name

Address

1) <input type="checkbox"/> Change	<u>PS</u>	<u>JAMES MOORE</u>	<u>3937 N ANDREWS AVENUE</u>
<input type="checkbox"/> Add			<u>OAKLAND PARK, FL 33309</u>
<input checked="" type="checkbox"/> Remove			

2) _____ Change	<u>PS</u>	<u>XIUCHUN ZHANG</u>	<u>3937 N ANDREWS AVENUE</u>
<u>X</u> Add			<u>OAKLAND PARK, FL 33309</u>
_____ Remove			_____

3) ____ Change _____

____ Add _____

Remove _____

4) ____ Change _____
 ____ Add _____
 ____ Remove _____

5) _____ Change _____
 _____ Add _____
 _____ Remove _____

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 11/16/2012

Effective date if applicable: 11/16/2012

(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 11-16-12

Signature

James Moore
(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)

JAMES MOORE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)