P110000092187

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Dod | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |





600276073856

08/17/15--01009--005 **43.75

SECRETARY OF STATE

Amenda

AUG 19 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | TION: | CHOISTICK EXPRESS II | NC | | |
|--|---|---|--|--|--|
| DOCUMENT NUMBER:P11000092187 | | | | | |
| The enclosed Articles of | Amendment and fee are sub | omitted for filing. | | | |
| Please return all correspon | ndence concerning this mat | ter to the following: | | | |
| | | DONNA ROBBINS | | | |
| | Name of Contact Person | | | | |
| | BUSIN | ESS SERVICE SYSTEMS | S PA | | |
| | | Firm/ Company | | | |
| | 6600 4TH STREET N, 101 | | | | |
| | | Address | | | |
| | ST PETERSBURG, FLORIDA 33702 | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Code | e | | |
| | JIMV | WEBERCPA@AOL.COM | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information co | oncerning this matter, pleas | e call: at (| _) | | |
| Name of Contact Person | | at (Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for th | e following amount made p | payable to the Florida Depa | 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) | | |
| Mailing Address 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 to Articles of Incorporation of

CHOPSTICK EXPRESS INC

| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
|--|---|
| P1100009 | 2187 |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | ST STE |
| | - US OFF |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| D. If amending the registered agent and/or registered office add | iress in Florida, enter the name of the |
| new registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| | |
| (Florida s. | treet address) |
| New Registered Office Address: | . Florida |
| Her Registered Office rudiress. | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | |
| ,, | |
| | |
| 6 | D |
| 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 <math>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 | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | YUE YUN ZHENG | 3946 4TH STREET N |
| Add X Remove | | | ST PETERSBURG, FL 33703 |
| 2) Change | VP | XIU XIONG ZHENG | 3946 4TH STREET N |
| X Add | | | ST PETERSBURG, FL 33703 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach <i>additional sheets, i</i> | f necessary). (I | Be specific) | | | | |
|------------------------------------|------------------|---|-------------------|---------------------------------------|---------------------------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | |
| | | | | | | |
| | | | | , | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | ** . | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| f an amendment provide | es for an exchan | ge, reclassificati | ion, or cancellat | ion of issued sha | res. | |
| provisions for implemen | nting the amendi | ment if not cont | ained in the ame | ndment itself: | | |
| (if not applicable, inc | dicate N/A) | | | | | |
| | | | | | | |
| | | | · · · | | | |
| | | | | | | |
| | | | | | | |
| | | | <u>.</u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| AUGUST 1, 2015 | :Cashan shan sha |
|--|----------------------|
| The date of each amendment(s) adoption: | _, if other than the |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| 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. | |
| $\frac{8/1/20/5}{}$ | |
| Dateu | |
| Signature Am | |
| (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) | |
| XIAO M ZHENG XIAO M Zhen | 19 |
| (Typed or printed name of person signing) | / |
| PRESIDENT | |
| (Title of person signing) | |