P120000 1/137

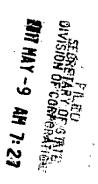
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V HERRING MAY 1 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Palace Massage /hc.
DOCUMENT NUMBER: $P > 0000 T = 1137$
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Weittong La Pemina.
Name of Contact Person \ Paracle Massage (n.c.
2479. E. Commergal BIVD. First landerely
2479. E. Commercial BIVD. First anderda
M 3276 .
City/ State and Zip Code
FL250/f (O finary, com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State: f .
\$35 Filing Fee

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

is enclosed)

Articles of Amendment to



	Articles of Incorpo	ration	STATISTICAL OF CO	
Palace	(Massage	Inc.	2011 HAY -9	AH 7: 27
(<u>Name of Co</u>	poration as currently file	d with the Florida	Dept. of State)	
	7120000 111	37		
	(Document Number of Corp	ooration (if known)		
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this <i>Flori</i>	da Profit Corporati	on adopts the followi	ng amendment(s)
A. If amending name, enter the new name of	f the corporation:			
,				
name must be distinguishable and contain to	ha word "cornovation" "	aamaan " ay "iliy	sornangtad" on the	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional col		
3. Enter new principal office address, if app	licable:	•		
Principal office address <u>MUST BE A STREE</u>				
			·······	
Enter new mailing address, if applicable				
(Mailing address MAY BE A POST OFFICE				
	-	·- <u>.</u>		 -
	 _	<u>. </u>		
. If amending the registered agent and/or r	egistered office address in	Florida, enter the	name of the	
new registered agent and/or the new regis				
Name of New Registered Agent				
Edition of the transfer out the transfer of th			····	_
-	(Florida street add	drace)	·-·	_
	(r ioriau sireei uut	ar ess <i>)</i>		
New Registered Office Address:	(City)		, Florida	Code)
	(City)		(Lip	Code)
ew Registered Agent's Signature, if changir	na Dagistarad Agant			
hereby accept the appointment as registered a		nd accept the obliga	tions of the position.	
-	-		•	
				-
	Signature of New Registe	red Agent, if change	ing	

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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	4	Zan Tiang	
Add Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
	<u> </u>	
	 	
		
<u> </u>		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shar	es.
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
,		

,	05/01/2017	
The date of each amendment(s) adoption: date this document was signed.	3-7-7/000-7	, if other than the
Effective date if applicable:	05/01/2017	
	(no more than 90 days after antendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date of State's records.	ate will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(or approval.	s)
	the shareholders through voting groups. The following stateme ting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	.,"	
•	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sharehold	ег
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 057	01/2017	
Signature	her	\mathcal{M}
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other could	
	iary by that fiduciary)	
	Weitting La Pemi	ha
	(Typed or printed name of person signing)	,
	\sim	
(Title of person signing)		