P12000039090

(Re	questor's Name)	-
·		
(Ad	dress)	· <u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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13 AUG 26 AM II: 03
SECRETARY SE STATE.

C. LEWIS

SEP 4 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

	FAR EAST ER: P1200003909		SSAGE INC.			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
	Patricia Arredondo					
_	Name of Contact Person					
	Patricia Arredondo USA, Inc.					
_		Firm/ Company				
	100 N. STATE	ROAD 7, SUIT	E 203A			
_		Address				
	MARGATE, F	LORIDA 33063				
_	.,	City/ State and Zip Code	e			
patr	iciaarredondousa	@hotmail.com				
<u> </u>		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Mark B. Dudek		_{at (} 732	_ ₎ 948-1986			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the 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)			
<u>Mail</u>	ing Address	Street Address				
	idment Section	Amendment Section				
	ion of Corporations	Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
iana	nassee, FL 32314	Tallahassee, FL 32301				

Articles of Amendment to **Articles of Incorporation** of

FILED

FAR EAST ORIENTAL MASSAGE INC.

13 AUG 26 AM II: 03

(Name of Corporation as currently filed with the Florida Dept. of State) P12000039090

(Document Number of Corporation (if known)

lment(s) to

			_The n
me must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional	incorporated" or the ab corporation name must c	obreviati contain
Enter new principal office address, if applicable:		·	_
rincipal office address <u>MUST BE A STREET ADDRESS</u>)			
			•
			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(maining dualess MATT DE ATOST OFFICE BOA)			•
			-
			-
If amending the registered agent and/or registered office add		the name of the	
new registered agent and/or the new registered office addres	<u>ss:</u>		
Name of New Registered Agent			
(Florida si	treet address)		
New Registered Office Address:		Florida	_
(City	ソ	(Zip Code)	

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	LIAN HUA AN	4620 W. COMMERCIAL BLVD. APT. 1
Add			TAMARAC, FL 33319
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

(Attach <i>a</i>	uing or addi idditional she	ng additional eets, if necesso	ry). (Be	enter cha specific)	nge(s) her	<u>'e</u> :			
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<u>provisi</u> (<i>if</i>	ons for impl	ovides for an ementing the le, indicate N/	amendme	reclassif	ication, or contained	r cancellati in the ame	ion of issu indment it	ed shares, self:	
N/A								•	
<u> </u>		 -							
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· <u> </u>		, ,				_			
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The date of each amendmen	AUGUST 21, 2013	FIL	ED if other than th
date this document was signed Effective date if applicable:	ALIQUICT 04 0040	13 AUC 2-	
- upplicable	(no more than 90 days after amendment	file dale RETARY PALLAHASSET	ÚF STATE - FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast fo ere sufficient for approval.	r the amendment(s)	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The ed for each voting group entitled to vote separately on the ar	following statemen nendment(s):	t
"The number of votes	s cast for the amendment(s) was/were sufficient for approval		
by		••	
	(voting group)		
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder acti	on and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action a	nd shareholder	
Dated	8/21/2013		
Signature	Plant Indell		
Sé	by a director, president or other officer – if directors or office elected, by an incorporator – if in the hands of a receiver, true oppointed fiduciary by that fiduciary)		
	MARK B. DUDE	K	
	(Typed or printed name of person signal	gning)	
	PRESIDENT		
	(Title of person signing)		