5088P0000619

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies		of Status
Γ		
Special Instructions to F	-iling Officer:	

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2012 JUN 20 P 12: 4
SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

	ration: <u>KING</u> (ber: <u>P120000</u> 4		OOI) MARKET, RESTAMBAMI COR
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	HONE	Name of Contact Perso	n
•		Firm/ Company	
	1371 E.OS	CEOLA DKW	7
	KISSIMMEE	FL 3412 City/ State and Zip Cod	44
 -	THE KING C	Sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
HONG Name	SEM THAI of Contact Person	at (<u>407</u> Area Co	
Enclosed is a check for	r the following amount made	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)
Mai	ling Address	Street	Addrass

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

(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)		
		MARKET, RE	ELAMBANIC	OEP
(Document No	umber of Corporation (if I	(nown)	<u> </u>	~ U
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this Fi	orida Profit Corporation a	dopts the following ame	endment(s) t
A. If amending name, enter the new name	of the corporation:			
				new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co	o". A professional corpore	orated" or the abbreviation name must contain	iation in the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>le:</u> FICE BOX)			
	•		 	
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the nar	ne of the	
Name of New Registered Agent				
			-	
	(Florida stree	a aaaress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(Ciţv)		(Zip Code)	
New Registered Agent's Signature, if chang	ving Revistered Agent			
I hereby accept the appointment as registerea		th and accept the obligation	s of the position.	
Simot	ure of New Registered Ag	ant if changing	2012 SEC TALL	
Signal	we oj wew kegisiered Ag	eni, ij cnanging	1012 JUN 20 F SECRETARY OF ALLAHASSEE, I	FLE

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; \ V = Vice \$

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: XChange	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	VP	SEN THAI	6430 CHATHAM WEW CT WINDEREME FL 34786
2)ChangeAddRemove	VP	HONG SEN THAI	6430 CHATHAM VIEW CT WINDERE FL 34786
3) Change Add Remove		.	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	
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	"
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

The date of each amendment(s) ac	doption:
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 30 days after amenament file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	speed by the moorporators without shareholder action and shareholder
Dated <u>06/</u>	13/2012
Signature	mal—
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
+	(Typed or printed name of person signing)
	VICE PLES (DEAT) (Title of person signing)