P13000001869

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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: ZA &			
DOCUMENT NUMBER: P130	00001869		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Sh	an Ring Wang		
	Name of Contact Person		
ZA	« YA INC.		
	Firm/ Company		
_5164 W.	Colonial Dr.		
	Address		
Oxlando	City/ State and Zip Code		
	City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, pleas	e call:		
SHAW QING WANG	at (407) 415-1336		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
\$35 Filing Fee \$\times \text{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	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ZA & YA INC	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P1300000186	5q
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". 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>)	1335 US Hwy 1 Suite 4
	32960
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 Royal Grove Igne
	Port Draige FL
	32129
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent De Shang	Zheng = = = = = = = = = = = = = = = = = = =
1400 Koya (Florida sires	Grave Lane &
New Registered Office Address: Port (City)	kange , Florida 32129 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
New Registered Agent's Signature, if changing Registered Agent:	11:47 17:47 17:47 17:47 18:47
I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the position.
De Shone Zh	eng
Signature of New Registered Ag	gent $oldsymbol{\mathcal{U}}$ f 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:	е, ина эшну этин,	or us un nuu.	
X Change	PT John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change	PD	De Sheng Zheng	1400 Royal Grove Land port Orange, FL
Remove			32129
2) Change	NAD	Xiang Zheng	1400 Royal Grove Lane Port Grange, FL
Remove 3) Change Add Remove	PD	YANG, FANG	32129 1400 Royal Grave Jane Port Orange, FL 32129
4) Change Add Remove	VPD	ZHENG, HULMEI	1400 Royal Grove Igne port Orange, FL 32129
5) Change Add Remove			
6) Change Add Remove			

f amending or Attach <i>additior</i>	adding additional Articles al sheets, if necessary). (B	<mark>, enter change(s) he</mark> Se specific)	<u>re</u> :	
		, ,		
		<u> </u>		
	N/A			
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f an amendme	ent provides for an exchanger implementing the amenda	ge, reclassification,	or cancellation of i	ssued shares,
(if not an	olicable, indicate N/A)	nent ii not containe	a in the amenamen	t ttseil.
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				<u> </u>
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	111/12			
	N/A	<u></u>		
	NA	<u> </u>		
	N/A			
	NA			
	NA			
	N/A			
	N/A			

The date of each amendment(s) adoption:date this document was signed.	N/A	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated	15/2013	
(By a director, pre selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
 	(Typed or printed name of person signing)	VG HUL MEI
	PD & VPD (Title of person signing)	_