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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAN ESTHETICS INC					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
MIN BAE					
MIN BAE CPA		1			
10151 Deerwo		Bldg 200 #250			
Jacksonville, F	Address FL 32256				
	City/ State and Zip Code	2			
minbae@comcas					
E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, pleas	se call:				
MIN BAE	_{at (} 904	, 864-2588			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee \$\times \$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



HAN ESTHETICS INC

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

P13000019233

(Document Number	r of Corporation (if I	inown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fi	orida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or "C	o". A professional corporal	rated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET A			
		· -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY		
(mutung duaress MAT BE AT OST OT FICE	<u>BOA</u>)		
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		ss in Florida, enter the nam	e of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent			
	(Florida stree	t address)	
Vary Pagistanad Office Address		Plantda	
New Registered Office Address:	(Citv)	, Florida_	(Zip Code)
			•
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered ager	nt. I am familiar wi	h and accept the obligations	of the position.
Signature	f New Registered Au	ant 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 Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>]	<u>Name</u>	<u>Addres</u> s
1) Change	Р		SUYUN HAN	269 ELLSWORTH CIR
× Add			_	ST JOHNS
Remove				FL 32259
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	icles, enter change(s) here: (Be specific)
	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an excl	and next if not contained in the amondment itself:
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 02 28 2013 Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ 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.
Dated 02/28/2013 Signature
(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)
JOONG H HAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)