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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

C. LEWIS

OCT 4 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: ~ MASSA | ae and A | cupuncture in |
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| Please return all correspo | ndence concerning this ma | tter to the following: | |
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| | E-mail address: (We us | sed to future annuar i | eport normeation) |
| For further information c | oncerning this matter, pleas | se call: | · |
| Emili | Liu | 4640 | ea Code & Daytime Telephone Number |
| Name of | Contact Person | Ai | ea Code & Daytime Telephone Number |
| Enclosed is a check for the | ne following amount made | payable to the Florida | Department of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Fiting fic Certified Copy (Additional copy enclosed) | Certificate of Status |
| | g Address | | treet Address mendment Section |
| Marini Divisio | n of Corporations | E | Division of Corporations Lifton Building |
| | ssee, FL 32314 | . 2 | 661 Executive Center Circle (allahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation

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| (Document Number | r of Corporation (if known) | | |
| ursuant to the provisions of section 607.1006, Flos Articles of Incorporation: | rida Statutes, this <i>Florida Profit Cor</i> j | poration adopts the following | g amendment(s) |
| . If amending name, enter the new name of the | e corporation: | | |
| | | | The new |
| ame must be distinguishable and contain the value of Corp.," "Inc.," or Co.," or the designation "Copord" chartered," "professional association," or the containing of the con | orp," "Inc," or "Co". A profession the abbreviation "PA." | | |
| Enter new principal office address, if applica Principal office address MUST BE A STREET A | | | |
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| . If amending the registered agent and/or registered agent and/or the new registered | stered office address in Florida, ent | er the name of the | |
| new registered agent and/or the new register | eu ornce gouress: | | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | _, Florida | |
| | (City) | (Zip Code) | |
| | | | |
| | | | |
| ew Registered Agent's Signature, if changing R | tegistered Agent: | | |
| hereby accept the appointment as registered agen | t I am familiar with and accept the | obligations of the position. | |
| | | | |
| 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 = Secretory; 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.

| X Change | <u>PT J</u> | ohn Doc | |
|-------------------------------|-------------------|--|--|
| X Remove | <u>v</u> <u>n</u> | Aike Jones | |
| <u>X</u> Add | <u>sv</u> s | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | up | Youshan Zho | |
| Add Remove | | | unit 104 Orlando. FL. 32817 |
| 2) Change | | NATURAL CONTRACTOR OF THE CONT | |
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| Remove | | | . • ; |
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| Much additional sheets, if necessary). | (Be specific) | |
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| rovisions for implementing the ame | ange, reclassification, or cancellation of industrial i | ssued shares, t itself: |
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| The date of each amendment(s) adoption: 9/2/2013 | The fighter than the |
|---|--|
| date this document was signed. | 14000 |
| Effective date if applicable: | |
| (no more than 90 days afte | er amendment file dan SECRETARY UF STATE FLORIDA |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval. | if votes east for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately | |
| "The number of votes east for the amendment(s) was/were sufficient | it for approval |
| by(voting group) | ·» |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shaction was not required. | narcholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required. | nolder action and shareholder |
| Dated 9127/2013 | · · · · · · · · · · · · · · · · · · · |
| Signature (By a director, president or other officer – if directed, by an incorporator – it in the hands of appointed fiduciary by that fiduciary) | |
| Ctury 13 | ne of person signing) |
| D | • |
| (Title of perso | on signing) |