P13000033273

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
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(Doc	ument Number)	
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SEURCIAN OF STATE
FALLARYSSEE, FLORDA

MAY 1.9 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WODDY MCLANE
Name of Contact Person FLORIDA MASSAGE BROKER

Firm/Company

4915 NW 53 St.

Address

TAMARAC FL 33319

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

Articles of Incorporation of

KOMPANO SPA, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 13000033273	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	ots the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) OAKAND PA	15+ TERRACE RK, FL 33334
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the
Name of New Registered Agent MARK DOLDAN	
4870 NE 134 TERRACE	
New Registered Office Address: DAK Wall PARK, Florida (City)	33334 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Signature of New Registered Agent, if changing	of the position of the positio

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	P	XIAOPING CHEN	76 E. MCNAB ROAD POMPANO BEACL, FL 33060
2) Change	<u> </u>	MARK DOLDAN	4870 NE 15+ TERRACE DALJAND PARK, FL
Remove 3) Change Add Remove	NP	XIAOJING CAO	4870 NE 15 TERRACE DALLAND BACK, FL 33334
4) Change Add Remove			
5) Change Add Remove			
6) Change			
Remove			

Attach adding	r adding additional Art nal sheets, if necessary).	(Pa appaifia)	iiere.	
	nai sneets, ij necessary).	(ве кресінс)		
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	ent provides for an exc	hange, reclassification	, or cancellation of	issued shares,
it an amendr	or implementing the ampplicable, indicate N/A)	endment it not contail	ied in the amendm	ent itseit:
provisions for	phenoie, maleule 1971)			
provisions for				
provisions for				
provisions fo		y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · · · · · · · · · · · · · · · · · ·
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provisions fo		N K		
provisions fo		N K		
provisions fo		N B		

date this document was signed.	option:	, if other than the
Effective date if applicable:	APRIL 30 2014	
Establish and Es	(no more than 90 llays after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
DatedA-P	'RIL 30, 2014	
Siamanna //	7a / / d	
Signature By a d	frector, president or other officer – if directors or officers have not been	<u> </u>
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	
	MARK DOLDAN	·
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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