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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ONG & TED, INC.		<u></u>		
DOCUMENT NUMBER:P1300	00040465				
The enclosed Articles of Amendmen	at and fee are submitted	for filing.			
Please return all correspondence cor	ncerning this matter to th	e following:			
DANIEL P	. SOKOLOFF, CPA				
<u> </u>	Nam	e of Contact	Person		
DANIEL P.	SOKOLOFF, CPA, PA				
-,-, -		Firm/ Compa	any		
2119 NE 47		•	·		
		Address			
LIGHTHOU	JSE POINT, FL 33064				
	City/	State and Zi	ip Code		
DSOVOI OFFICI	'AXSOFLA.COM				
	ddress: (to be used for f	intura annual	uanout n	atification)	
E-man a	adress: (to be used for t	uture annuai	report n	ottification)	
For further information concerning	this matter, please call:				
DANIEL P. SOKOLOFF, CPA		at (954	448-4107	
Name of Contact Per	son	A	rea Cod	e & Daytime Telephone Num	ber
Enclosed is a check for the following	g amount made payable	to the Florid	la Depar	tment of State:	
	cate of Status Cer (Ad	3.75 Filing Fortified Copy ditional copy closed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on orations	1	Division Clifton I 2661 Ex	nent Section of Corporations	

Articles of Amendment to Articles of Incorporation of

FILED

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SONG & TED, INC.

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(Document N	Number of Corporation (if known	1)	
suant to the provisions of section 607.1006, Florida State Articles of Incorporation:	utes, this <i>Florida Profit Corpora</i>	ation adopts the following	g amendmen
If amending name, enter the new name of the corpor	ation:		
			_The new
ne must be distinguishable and contain the word "copp.," "Inc.," or Co.," or the designation "Corp," "Ind" (chartered," "professional association," or the abbre	nc," or "Co". A professional c	incorporated" or the ab corporation name must c	breviation contain the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRES</u>	<u>'S</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mulling address MAT BE A POST OFFICE BOX)			
			
			
		he name of the	
If amending the registered agent and/or registered of new registered agent and/or the new registered office	e aduress:		
new registered agent and/or the new registered office	e aguress:		
	e aduress:		
new registered agent and/or the new registered office Name of New Registered Agent	Florida street address)		
new registered agent and/or the new registered office Name of New Registered Agent		. Florida	

I If amending the Office	ers and/or	Directors, enter the title and name of eac	h officer/director being removed and title, name, and
address of each Office	r and/or I	Director being added:	ii officer/director being removed and title, name, and
(Attach additional sheet Please note the officer/		sary) le by the first letter of the office title:	
P = President; V = Vice Executive Officer; CFO	e Presiden) = Chief	t; T= Treasurer; S= Secretary; D= Director Financial Officer. If an officer/director how	r; TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office
held. President, Treasu. Changes should be note	ed in the fo	ollowing manner. Currently John Doe is list	ed as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones l	eaves the c	corporation, Sally Smith is named the V and lly Smith, SV as an Add.	S. These should be noted as John Doe, PT as a Change,
Example:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	THEODORE MASER	209 SW 2ND AVENUE
Add			FORT LAUDERDALE, FL 33301
X Remove			
Kemove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change		<u> </u>	
Add			
Remove			
0 0			
6) Change			
Add			

_ Remove

	(Be specific)				
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an amendment provides for an excl	nange, reclassific	ation, or cancell	ation of issued sl	nares,	
provisions for implementing the ame	nange, reclassific ndment if not co	ation, or cancell ntained in the a	ation of issued sl nendment itself:	nares,	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific ndment if not co	ation, or cancell ntained in the a	ation of issued sl nendment itself:	nares,	-
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f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific	ation, or cancell ntained in the a	ation of issued sl nendment itself:	nares,	

	APRIL 1, 2018	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
	L 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	eted by the board of directors without shareholder action and shareholder acted by the incorporators without shareholder action and shareholder	
APRIL 4,	2018	
Dated	Jijn Co	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	WIJAI KETSUWAN	
-	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	