P13000081904

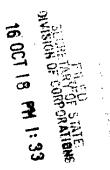
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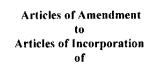


OCT 19 2016 C MCNAIR

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PERFECT SPA IN	NC			
DOCUMENT NUMB	ER: P13000081904				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ANGELINA C. LI				
		Name of Contact Persor	1		
	JAL ACCOUNTING P.A.				
•		Firm/ Company			
	3363 SHERIDAN STREET STE 214				
-	Address				
	HOLLYWOOD, FL 33021				
•		City/ State and Zip Cod			
ANG	EL@JALACCOUNTING.CO	ОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MIN WANG		347 at (306-5408		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$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



PERFECT SPA INC

(Name of Corporation as	currently filed with the Florida Dept. of State)
P13000081904	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
NONE	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
· ·	NONE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NONE
D. If amending the registered agent and/or registered o	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent NONE	
Name of New Registered rigem	
	Florida street address)
	•
New Registered Office Address:	, Florida (Zip Code)
	. ,
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
<u> </u>	of New Designand Least if alconging

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 <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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y 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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MIN WANG	4516 HOLLYWOOD BLVD
X Add			HOLLYWOOD, FL 33021
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	~ - 11		
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
NONE	
	· · · · · · · · · · · · · · · · · · ·
	•
	<u> </u>
	Property of the second
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
NONE	
NONE.	-
	-
	·

The date of each amendment(s) adoption:	, if other than the
date this document was signed. OCT 12, 2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 10/13/2016	
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 tiduciary)	
MIN WANG	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	