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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∋ #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SEP 1 0 2016 C MCNAIR

COVER LETTER

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: Accounting P.A.
Firm/Company 3363 SHERIDAN ST STE 214 Hocky 1000 FL 33021
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

JADE S		HOLLYMOOD	INC_	3
			rida Dept. of State)	
	0000 334			
(Docu	iment Number of	'Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this a	Florida Profit Corp	oration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the o	corporation:			
NONE				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "	Co". A professione		the abbreviation
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>		NOWE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	3363 S	HERIDAN ST DD FL 33	,
D. If amending the registered agent and/or registr			r the name of the	
new registered agent and/or the new registered	Lua Jaal	JALK		
Name of New Registered Agent	HUA YAW	YANEJ		
1	637 S	21 AVE		
.1	(Florida stre	eel address)		
New Registered Office Address: Ho	Opportunity .	(Citv)	, Florida	33020
	,	(Caji)		(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	I am familiar w			sition.
Ste	nature of New R	egistered Agent, if c	hanging	

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PDST	HUA YAN YANG	1637 S 21 AVE
X Add			HOLLYMOOD FL 33020
Remove			
2) Change	POST	OU, YUEHUA	1637 S 21 AVE
Add			HOLEYMOD FL 33820
★ Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NONE	
	
If an amendment provides for an eyek	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NONE	

The date of each amendment(s) adoption:	August	15+	, 2016	, if other than the
date this document was signed.				
Effective date if applicable:	AUGUST	15+, 7	2016	
	(no more than 90 day	s after amo	endment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		statutory f	iling requirements, the	nis date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		iber of vote	s east for the amendr	ment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr				
"The number of votes east for the amendr	ment(s) was/were suf	licient for a	ipproval	
by(voting			, ``	
(voting	g group)			
The amendment(s) was/were adopted by the boaction was not required.	ard of directors with	out shareho	lder action and share	cholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without s	hareholder	action and sharehold	ler
Dated AuGust Signature (By a director, preside	15+, 2016	_		
Signature	yun Yang			
(By a director, preside selected, by an incorp appointed fiduciary by	orator – if in the han	if directors ds of a rece	or officers have not iver, trustee, or other	been r court
<u>Q</u> <u>+</u>	tua YAN) yped or printed name	ANG of person s	sienine)	
(*)	·	P - 10011)	-e-me/	
Approximate the second	PRESIDENT (Title of per			
	t unic of her	SOR STORING	1]	