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. COVER LETTER

•		. COVER LETTER		36.
TO: Amendment Sect Division of Corpo				
NAME OF CORPOR	RATION: SALON DE BODY	Y WRAPPING APPLE SP.	A INC	
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su			
Please return all corres	spondence concerning this man	tter to the following:		
	ZHE JIANG			
		Name of Contact Person	1	
	SALON DE BODY WRAPP	ING APPLE SPA INC		
		Firm/ Company		•
	5154 N FEDERAL HWY			
		Address	,	
	FORT LAUDERDALE, FL.	33308		
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
ZHE JIANG		718 at (916-5678	
Name of Contact Person			de & Daytime Telephone Numbe	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐S43.75 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SALON DE BODY WRAPPING APPLE SPA INC

(<u>Name (</u>	of Corporation as currently	filed with the Florida	Dept. of State)	
P14000004328				
	(Document Number of 0	Corporation (if known)		-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	m adopts the following amendm	ient(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The nev	14'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	aation "Corp," "Inc," or " $\mathcal C$	o". A projessional con	corporated" or the abbreviation	m
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent ar		ss in Florida, enter the	name of the	
new registered agent and/or the new				
Name of New Registered Agent	ZHE JIANG			
	5154 N FEDERAL HWY			
	(Florida stree	rt address)		
New Registered Office Address:	FORT LAUDERDALE		, Florida	
A water to the state of	(0	City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		ust one of Alexander and	
I hereby accept the appointment as regist	erea agent 1 am familiar wi	<i>ин апа ассері те обида</i>	utons of the position.	
			-	
 :-	Signature of New Re	gislered Agent, if chang	 ing	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	EUNSIL JO	5154 N FEDERAL HWY
Add X Remove			FORT LAUDERDALE, FL 33308
2) Change	РТ	ZHE JIANG	5154 N FEDERAL HWY
X Add			FORT LAUDERDALE, FL 33308
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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)	
N/A	
	_
	_

•	OCTOBER 15, 2019	
The date of each amendment(s) late this document was signed.	adoption:	, if other than the
O	CTOBER 15, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/15/2	2019	
Dated		
• /	//_	
Signature (b.m.)	director, president or other officer - if directors or officers have not been	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	EUNSIL JO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	