P14000005725

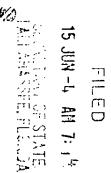
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations				
·	MO COCO SPA, INC			
DOCUMENT NUMBER: P14	000005725			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
Woody	MCLANE			
Florida	MCLANE Name of Contact Person MASSAGE BROKER Firm/Company Address			
1621 NW	1 63 AVE.			
<u> </u>	City/State and Zip Code			
E-mail address: (to be used for future aphual report notification)				
For further information concerning this matter, please of	call:			
Woody McLANE at 954, 806-6211				
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 Status Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

INDMO COCO SI	PA, INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1400000	(125
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co .," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	5". A professional corporation 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)	6760 N. Hwy 1 UNIT 3201 COCOA, FL 32927
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent TOMMY E	- MOMAS, JR.
6760 N.	Hwy 1, # 3201
New Registered Office Address: COCOA	, Florida 32927 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent. Signature of New Registered Agent: New Registered Agent's Signature and Agent: Signature of New Registered Agent: New Registered Agent's Signature and Agent: Signature of New Registered Agent: New Registered Agent's Signature, if changing Registered Agent: Signature and Agent's Signature, if changing Registered Agent: Signature and Agent's Signature and Si	

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> Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	YINGSAU XU	7027 W. BROWARD BIVE
AddRemove	0 -		BOX 308 Plantation, FL 33317
2) Change	PST	Tommy E. Thomas, JR.	6760 N. Hwy.) Unit 3201
Remove			COCOA, FL 32927
3) Change Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			·
6) Change			
Add			
Remove			

<mark>Tamending or adding add</mark> attach <i>additional sheets, if</i>			•		
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	/				
f an amendment provides	for an exchange,	reclassification, or	cancellation of is	sued shares,	
provisions for implement (if not applicable, indi	ing the amendmen	t if not contained i	n the amendment	itse ¹ f:	
(у погарунсине, та	cute (v/A)				
			_/	· ·	
		/			

The date of each amendment(s) adoption:	JUNE 1	, 2015	, if other than the
date this document was signed. Effective date if applicable: (n	JVNE 1 no more than 90 days after a	mendment file date)	·
Note: If the date inserted in this block does not n document's effective date on the Department of State		y filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHEC	EK ONE)		
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	reholders. The number of voval.	otes cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro			ement
"The number of votes cast for the amendm		or approval	
by	group)	•••	·
(voting	group)		
☐ The amendment(s) was/were adopted by the boar action was not required.	ard of directors without share	cholder action and shareho	older
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without sharehold	ler action and shareholder	
DatedJUNE	,		
selected, by an incorpo	nt or other officer – if directo orator – if in the hands of a r		
appointed fiduciary by	that fiduciary)		
$\frac{\mathcal{T}_{\mathcal{O}}}{\mathcal{T}_{\mathcal{V}}}$	MMY E. T. ped or printed name of perso	HOMAS, Jo	۲,
(13)	Pusida S	+	
	(Title of person sign	ning)	