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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	CRYSTAL	WELLBEING	A, INC		
DOCUMENT NUMBER:	NUMBER: P14000065942				
The enclosed Articles of Amenda	nent and fee are subr	nitted for filing.			
Please return all correspondence	concerning this matte	er to the following:			
	Нуоц	ng Kim			
 	Name of Contact Person				
	Hyoung Kim Name of Contact Person Crystal Wellbeing, Inc. Firm/Company				
		Firm/ Company			
	3302 W	est Kenne	dy BLVD. 609 ode		
		Address			
	Tampa	FL 33	609		
		City/ State and Zip Co	ode		
Kih	. Choi 3 a	gmail. cor	n		
E-ma	l address: (to be use	for future annual repo	ort notification)		
For further information concerning	g this matter, please	call:			
К, н. (~ ; c. e	A at 813	Code & Daytime Telephone Number		
Name of Contact	erson 2	Area (Code & Daytime Telephone Number		
Enclosed is a check for the follow					
\$35 Filing Fee	.75 Filing Fee & tificate 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 Street Address					
Amendment Section			ndment Section		
Division of Cor P.O. Box 6327	porations	Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Cry	stal Wellbeing	, Inc.		
(Name o	of Corporation as currently fi	led with the Florida	Dept. of State)	
	P1400006	5942		
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporati	on adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional co		the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S				
			···	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
(Stating dauress SIZE DE ZELOST)	THE BOX			
				<u> </u>
D. If amending the registered agent an		in Florida, enter the	e name of the	
new registered agent and/or the nev	<u>Hyoung K</u>	'im		
Name of New Registered Agent	3302 West	Van	Blvd	
	3302 West (Florida street	Kennedy address)	121/104	
Marchaeland IOM All and	Tampa		871 t -	33609
New Registered Office Address:	(Ci	ny	, Florida_	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		rand accept the oblig	ations of the po	sition.
	Α	1/2	₹	
	全人们	1/2	ALL SES	2018
	Signature of New Regi	stered Agent, if chans	ting Em	
			HASSE WASSE	
			THE STATE OF	4 P
			, 21% , 10%	

Page 1 of 4

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:	me, ana ma	u, omin, or us un nea.	
X Change	<u>PT</u>	John Dog	
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		Mi Jin Joung	3302 West Kennedy Blva Tampa FL 33609
Add		~	Tampa FL 33609
✓ Remove			
2) Change	<u>D</u>	Hyoung Kim	Jampa FL 33609
/ _ Add			Tampa FL 33609
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

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	(Be specific)			
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<u> </u>		_ 		
			<i>c</i>	
i an amendment brovides for an exc	nange, rectassifica	tion, or cancellati	on of issued snare admont itself:	<u>S.</u>
requiring for implementing the am		tained in the ame	indinent itsen.	
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)				

The date of each amendment(s) adoption: _ date this document was signed.	August	1, 2018	, if other than the
Effective date if applicable:	(no more than 90	, 2018 days after amendment file	e date)
Note: If the date inserted in this block does document's effective date on the Department of		able statutory filing requir	ements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The a	number of votes cast for the	ne amendment(s)
☐ The amendment(s) was/were approved by to must be separately provided for each voting			
"The number of votes cast for the am	endment(s) was/were	sufficient for approval	
by			
(v	oting group)		
The amendment(s) was/were adopted by th action was not required.	e board of directors v	without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators witho	out shareholder action and	shareholder
DatedAugus	it 1 2	0/8	
DatedSignature			
		er – if directors or officers	
	icorporator – it in the iry by that fiduciary)	hands of a receiver, truste	e, or other court
H	lyoung Kir	arme of person signing)	
	(Typed or printed n	ame of person signing)	
D	irector		
 -	, (Title o	f person signing)	