P.15000011921

(Re	equestor's Name)		
(Ac	ddress)		
. (Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Вс	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
_			

Office Use Only



200269331902

02/13/15--01009--015 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ANIL FER 13 AN II: 50

Mame chs

COVER LETTER

TO: Amendment Section Division of Corporations

		. •			
NAME OF CORPOR	RATION: MONROES US	SA WECARE SPECIA	ALIST CENTER CORP		
DOCUMENT NUMI	BER: P1500001192	27			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Abby Chiang				
	Abby Officing				
		Name of Contact Persor	1		
	JIN CHEN CPA,	P.A.			
	Firm/ Company				
	4932 Distribution	Dr.			
		Address			
	Tampa, FL 33605	5			
		City/ State and Zip Code	e		
JIN	CHENCPAPA@C	SMAIL.COM			
	_	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Abby Chiang		at (813	, 999-1194		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Address		
			lment Section on of Corporations		
		Clifton Building			
	ahassee, FL 32314		xecutive Center Circle		
		Tallaha	assee FL 32301		



Articles of Amendment Articles of Incorporation of

MONROES USA WECARE SPECIALIST CENTER CORP

(Name of Corporation as currently filed with the Florida Dept. of State) 915000011927

lment(s) to

(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendr
A. If amending name, enter the new na	me of the corporation:		
MONROES USA, Inc			The ne
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designt word "chartered," "professional associat	ation "Corp," "Inc," or '	"Co". A professional corpora	rated" or the abbreviation
B. Enter new principal office address, i	f annliaghlar	N/A	
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
D. If amending the registered agent and			ne of the
new registered agent and/or the new	N/A	<u>s:</u>	
Name of New Registered Agent	IN/A	ad address of the second secon	
	(Florida st	reet address)	
New Registered Office Address:		, Florida_	
	(City))	(Zip Code)
New Registered Agent's Signature, if chall the land of the lappointment as registed the second the second the lappointment as registed.			s of the position.
Sie	nature of New Registered	Agent, if changing	

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
			
2) Change Add			
Remove			
3) Change		_	
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

. <u>11 a</u> (Att	amending or adding additional Articles, tach additional sheets, if necessary). (Be	enter change(s) here:
	tach duantonal sheets, if necessary). (De	e specific)
1/A		
	 	
	· · · · · · · · · · · · · · · · · · ·	
<u>If a</u>	an amendment provides for an exchange	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
<u> 171</u>	(if not applicable, indicate N/A)	ent it not contained in the amendment users.
I/A		

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	02/01/2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 02/0	09/2015	
Signature		
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	QINGPING ZHANG	
	(Typed or printed name of person signing)	
	President Coffin 200	<u></u>
	(Title of person signing)!	