## P1500016984

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|                          | L & G MA<br>ER: P15000016                   |                                      | RAPY INC                                  |
|--------------------------|---|--------------------------------------|---|
| The enclosed Articles    | of Amendment and fee are su                 | bmitted for filing.                  |   |
| Please return all corres | pondence concerning this ma                 | tter to the following:               |   |
|                          | YUANYUAN G                                  | AO                                   |   |
| •                        | L & G MASSA                                 | Name of Contact Persor               |   |
| •                        |   | Firm/ Company                        |   |
|                          | 1250 SOPHIE                                 | BLVD                                 |   |
|                          |   | Address                              |   |
| _                        | ORLANDO, FL                                 | . 32828                              |   |
|                          |   | City/ State and Zip Code             | :   |
| EM                       | ILYGAO-MINA                                 | @HOTMAIL.                            | COM                                       |
| <del></del>              |   | sed for future annual report         |   |
| For further information  | concerning this matter, pleas               | se call:                             |   |
| YUANYUAI                 | N GAO                                       | <sub>at (</sub> 407                  | <sub>.)</sub> 731-7073                    |
| Name o                   | f Contact Person                            | Area Coo                             | de & Daytime Telephone Number             |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa          | rtment of State:                          |
| ■ \$35 Filing Fee        | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy | □\$52.50 Filing Fee Certificate of Status |

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address** 

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE BIVISION OF CORPORATIONS

15 FEB 27 PH 1: 27

## L & G MASSAGE THERAPY INC

| (Name of Corporation as currently filed with the  | Florida Dept. of State)   |
|---|---|
| P15000016984  |   |
| (Document Number of Corporation   | if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the          |
| B. Enter new principal office address, if applicable:   |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   |
|   |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |
|   |   |
|   |   |
|   |   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  |   |
| Name of New Registered Agent  |   |
|   |   |
| (Florida si   | reet address)   |
| New Registered Office Address:  | , Florida   |
| (City   | (Zip Code)  |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar   |   |
| Signature of New Registered   | Agent if changing   |
| Signature of New Registered   | ngeni, y enunging   |

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          | PT           | John Do  | <u>oe</u>   |                   |
|----------------------------|--------------|----------|-------------|-------------------|
| X Remove                   | <u>v</u>     | Mike Jo  | <u>ones</u> |                   |
| X Add                      | <u>sv</u>    | Sally Sr | nith        |                   |
| Type of Action (Check One) | <u>Title</u> |          | Name        | <u>Addres</u> s   |
| 1) Change                  | VP           |          | LUIS TORRES | 1250 SOPHIE BLVD  |
| Add                        |              |          |             | ORLANDO, FL 32828 |
| Remove                     |              |          |             | •                 |
| 2) Change                  |              |          |             |                   |
| Add                        |              |          |             |                   |
| Remove                     |              |          |             |                   |
| 3) Change                  |              |          |             |                   |
| Add                        |              |          |             |                   |
| Remove                     |              |          |             |                   |
| 4) Change                  |              | _        |             |                   |
| Add                        |              |          |             | •                 |
| Remove                     |              |          |             |                   |
| 5) Change                  |              |          |             |                   |
| Add                        |              |          |             |                   |
| Remove                     |              |          |             |                   |
| 6) Change                  |              |          |             |                   |
| Add                        |              | ··•      |             |                   |
| Remove                     |              |          |             |                   |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |   |  |
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| If an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A)         | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:   |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and in the amendment itself:                   |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:   |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and in the amendment itself:                   |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, Indment if not contained in the amendment itself:  |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and in the amendment itself:                   |  |
| provisions for implementing the ame  | nange, reclassification, or cancellation of issued shares, and and in the amendment itself:                   |  |

The date of each amendment(s) adoption: 02-24-2015 \_\_, if other than the date this document was signed. 15 FEB 27 PM 1: 27 02-24-2015 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 02-24-2015 (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) YUANYUAN GAO (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)