P15000025163

(Re	questor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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DIVISION OF CORPORATIONS

JUN 2 8 2017 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SK CHINA TASTE	EINC	
DOCUMENT NUMBE	ER: P15000025163		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
		EVA SHI	
		Name of Contact Person	<u> </u>
		TOP USA ACCOUNITY	NG INC.
_		Firm/ Company	/
	C/O	3915 MAIN STREET SU	ITE 307
		Address	
		FLUSHING, NY 11354	
		City/ State and Zip Code	
		TOPUSA888@GMAIL.G	СОМ
-	E-mail address: (to be us	ed for future annual report	
	concerning this matter, pleas	e call: . 718	. 886-8385
	Contact Person	at (de & Daytime Telephone Number
	the following amount made p		
□ \$35 Filing Fee	□\$43.75 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)
Amer Divis P.O. 1	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

SK CHINA TASTE INC

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

P15000	0025163	•
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s <i>Florida Profit Corporation</i> ad	opts the following amendmen
A. If amending name, enter the new name of the corporation;		
		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	rated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u> </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 ad-	dress in Florida, enter the nam	ne of the
new registered agent and/or the new registered office addre	<u> </u>	
Name of New Registered Agent		
Nume of New Neghiered Agent		
(Florida s	street address)	
		E
New Registered Office Address:	(City)	, Florida(Zip Code)
	(C.13)	(Lip coul)
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligation.	s of the position.

Signature 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	<u>V</u>	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	P	YAN LIN	107 WHITE CAP WAY
Add			PANAMA CITY BEACH,
X Remove			FL 32407
2) Change	P	ZHIWEI HUO	1332 HILLTOP RD
X Add			SAINT JOSEPH,
Remove			MI 49085
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

	adding additional Articles, enter change(s) here: tal sheets, if necessary). (Be specific)
- · · · · · · · · · · · · · · · · · · ·	
If an amendme	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)
	eholder is YAN LIN and now update to ZHIWEI HUO with 100% ownership.

1	06/09/2017 The date of each amendment(s) adoption:
	date this document was signed. 06/09/2017 Effective date if applicable:
	(no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	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 cast for the amendment(s) was/were sufficient for approval
	by" (voting group)
	(voting group)
I	☐ 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.
	06/09/2017 Dated
	Signature X
	(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)
	ZHIWEI HUO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)