## PISODOD 25ZU9

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

Office Use Only



000276073400

08/17/15--01009--004 \*\*43.75

SECRETARY OF STATE OF THE 27

Amend mane

AUG 19 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: TONY ON DOCUMENT NUMBER: P15000 252	d Kim Royal Utils INC
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Long	Name of Contact Person
Laya	1 Wail and Spa
13651 Hunter	Firm/Company  Sold Dr Ste 104  Address
Orlando, FL	32837 City/ State and Zip Code
E-mail address: (to be used	Hor future annual report notification)
For further information concerning this matter, please	cail:
Long Hoong  Name of Contact Person	at (407) 437 4887 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	·
	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Inc	orporation
Name of Corporation as currently	M Royal Unils IIUC 27/3
D15000	25269
(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(
A. If amending name, enter the new name of the corporation:  Royal Social Socia	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> )	13651 Hunters Oak Dr Ste 104 Orbado FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32837 13651 Hunters Oak Dr Ste 104 Odando, FL 32837
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 stre	vet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	egistered 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P Hue Uguyen	13651 Hunters Oak Dr Ste 104 Orlando FL, 32837
2) Change Add	Y Mylee Hoong	13651 Hunters Oak Dr Ste 104
Remove 3) Change Add		Orlando FL, 32837
Remove  4) Change  Add Remove		
5) Change Add Remove		
6) Change Add		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		<del>.</del>
		,
	<del></del>	
<del></del>		
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	andment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		٠
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s), adoption: 8/12/15 date this document was signed.	, if other than the
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
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 8/12/15	
Signature	
(By a director, president of 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)	_
Long Hoang	
(Typed or printed name of person signing)	
Westent Title of a coron district	