

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

Office Use Only



500275957305

08/24/i5--01016--006 **35.00

SHASSEE, FL

60:7 1111 5:00

And

AUG 2 5 2015

R. Wanit

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: MAXPONT NEW | MATERIALS TECHNOL | OGY INC | | | |
|--|--|--|--|--|--|--|
| DOCUMENT NUM | P15000065216 | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | | |
| | FENGCHI DENG | | | | | |
| | | Name of Contact Person | <u> </u> | | | |
| | MAXPONT NEW MATERI | | | | | |
| | | | | | | |
| | Firm/ Company 245 E Main Street #115 | | | | | |
| | | Address | | | | |
| | ALHAMBRA, CA, 91801 | 71441055 | | | | |
| . . | | C'. 18 17' C 1 | · | | | |
| | | City/ State and Zip Cod | e | | | |
| 1339 | 529848@qq.com | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| | | | | | | |
| For further informatio | n concerning this matter, pleas | se call: | | | | |
| ZOE | | at (626 | de & Daytime Telephone Number | | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State: | | | |
| S35 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) | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

+ ILCO

15 AUG 21, AM 2: 09

| Document Number of Corporation (i | e Florida Debt. of State) E, FLORIDA |
|---|--|
| Document Number of Corporation (i | |
| Document Number of Corporation (i | |
| | f known) |
| Florida Statutes, this <i>Florida Profit</i> | Corporation adopts the following amendment(s |
| the corporation: | |
| e word "corporation," "company, "Corp," "Inc," or "Co". A profes or the abbreviation "P.A." | The new "or "incorporated" or the abbreviation assional corporation name must contain the |
| icable: TADDRESS) | |
| egistered office address in Florida, | , enter the name of the |
| w registered office address: | |
| | |
| | |
| (Florida street address) MI | 22107 |
| VII | 33186 |
| (City) | , Florida(Zip Code) |
| | e word "corporation," "company, "Corp," "Inc," or "Co". A profes or the abbreviation "P.A." icable: FADDRESS EE BOX egistered office address in Florida, tered office address: CCHI DENG SW 134TH ST. D207 (Florida street address) |

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 Do | <u>e</u> | | |
|-------------------------------|-----------|----------|--|------|---------|
| X Remove | <u>V</u> | Mike Jor | nes | | |
| X Add | <u>sv</u> | Sally Sm | n <u>ith</u> | | |
| Type of Action (Check One) | Title | | <u>Name</u> | | Address |
| 1) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | | _ | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | _ | THE STATE OF THE S | | |
| Remove | | | | | |
| | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| Attach <i>aa</i> | l <mark>ing or adding a</mark> dditional sheets, | if necessary). | (Be specific) | | | | |
|---------------------------------------|---|-----------------|-------------------------------------|----------------------------------|---------------------------------|------------------------|---|
| | | | - | | | | |
| | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 7700 | | , - | 1 | | | | |
| | | | | | | | |
| | | | ** | | | | |
| | | V-1 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | 1 100.2 | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <u>provisio</u> | endment provid ons for impleme not applicable, in | enting the amen | ange, reclassifi idment if not c | cation, or can ontained in th | cellation of iss e amendment | ued shares, itself: | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | , , , , , | | | | | | |
| | ~ | · | | | | | |
| | | | | | | | |

| The date of each amendment(s) adoption: date this document was signed. | | , if other than the |
|---|---|-------------------------------|
| Effective date <u>if applicable</u> : | | |
| Enterior date it applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does no document's effective date on the Department of S | ot meet the applicable statutory filing requirements, this da State's records. | ate will not be listed as the |
| Adoption of Amendment(s) (CHI | ECK ONE) | |
| ☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap | shareholders. The number of votes cast for the amendment(pproval. | (s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting a | shareholders through voting groups. The following statem group entitled to vote separately on the amendment(s): | ent |
| "The number of votes cast for the amend | dment(s) was/were sufficient for approval | |
| by | ing group) | |
| (voti | ing group) | |
| ☐ The amendment(s) was/were adopted by the baction was not required. | poard of directors without shareholder action and sharehold | er |
| ■ The amendment(s) was/were adopted by the is action was not required. | ncorporators without shareholder action and shareholder | |
| 08/20/2015 Dated | | |
| Signature Ferachi i | dent or other officer – if directors or officers have not been | |
| (By a director, preside selected, by an incompany appointed fiduciary | rporator – if in the hands of a receiver, trustee, or other cou | rt |
| FENGCHI [| DENG | |
| (* | Typed or printed name of person signing) | |
| PRESIDEN | Т | |
| | (Title of person signing) | |