P1600005795

| . (Req | uestor's Name) | | |
|---|------------------|-------------|--|
| (Add | ress) | | |
| (Add | lress) | | |
| (City | /State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | iness Entity Nar | me) | |
| (Doc | ument Number) | , | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



900305784899

11/21/17--01018--019 **43.75

NOV 21 AN 4: 25 LANASSES FLORES

NOV 22 2017 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: 54 HE | ALTH SPA, INC. |
|---|---|
| DOCUMENT NUMBER: P16000 | 005795 |
| The enclosed Articles of Amendment and fee are su | abmitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| | Name of Contact Person |
| | Name of Contact Person 54 Health Spd, Inc Firm/ Company |
| | 19455 5 humard Dr. #107 |
| | Land O'Lakos, FL 34638 |
| | City/ State and Zip Code |
| E-mail address: (to be u | sed for future annual report notification) |
| For further information concerning this matter, plea- | se call: |
| Shunhu Han | at (347), 491-8888 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| □ \$35 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & ☐\$52.50 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 | Street Address Amendment Section |
| Division of Corporations | Division of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

 \mathbf{of}

| 54 HEALTH SPAITNE | | |
|--|--|--|
| (Name of Corporation as current | ly filed with the Florida Dept. of State) | |
| P16000005795 | | |
| <u> </u> | of Corporation (if known) | |
| | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | S Florida Profit Corporation adopts the to | ittowing amendment(s) i |
| ta, threes of thempositions | | |
| A. If amending name, enter the new name of the corporation: | /. | |
| | n/d | 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 corporation name | the abbreviation must contain the |
| B. Enter new principal office address, if applicable: | n la | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | - 1/- - | |
| | | |
| | | <u> </u> |
| C. Enter new mailing address, if applicable: | | 21 5 T |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>n/a</u> | |
| | | |
| | | |
| | | · <u> </u> |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | | :: :::::::::::::::::::::::::::::::::: |
| N. Christian I. Christian I. | n/a | |
| Name of New Registered Agent | - 1/4 | |
| | * | <u>.</u> |
| (Florida s. | treet address) | |
| New Registered Office Address: | N/Q Florida_ | |
| | (City) | (Zip Code) |
| | | |
| State of the second of the sec | | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | | sition, |
| | , | |
| | 0.1. | |
| | Na | |
| 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 Do | <u>e</u> | |
|-------------------------------|--------------|----------|-------------------|--|
| X Remove | <u>V</u> | Mike Jos | nes | |
| <u>X</u> Add | <u>8V</u> | Sally Sm | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | <u>\</u> | _ | Gregory L. Sowder | 54 Hedly Sparing |
| _X_ Add | | | • | 19455 Shumard Dr. #107 Land-0-Lake, FL 3463 |
| Remove | | | | Land-O-Lake, FL 3463 |
| 2) Change | | _ | | <u> </u> |
| Add | | | | |
| Remove | | | | |
| 3) Change | _ | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | · |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| ttach additional sheets, if necessary). | (Be specific) | | | |
|---|------------------------|----------------------|--------------|------------------|
| | γ | ಸ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u></u> | | | |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| • | | | | |
| | | | | |
| | | | - x | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| an amendment provides for an exch | nange reclassification | or cancellation of i | cened charge | |
| rovisions for implementing the ame | ndment if not containe | d in the amendmen | t itself: | |
| (if not applicable, indicate N/A) | | | | |
| | nd | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | - | · - - |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | · | |
| | | | | |

| The date of each amendment(s) adoption: | <u> </u> | , if other than the |
|---|--|---|
| date this document was signed. | 1 100017 | |
| Effective date <u>if applicable</u> : | November 15,601/ | <u> </u> |
| | tno more than 90 days after amendment file da | te) |
| Note: If the date inserted in this block does document's effective date on the Department | s not meet the applicable statutory filing requireme of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) (<u>C</u> | CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient to | he shareholders. The number of votes cast for the aror approval. | mendment(s) |
| | the shareholders through voting groups. The following group entitled to vote separately on the amendm | |
| "The number of votes east for the an | nendment(s) was/were sufficient for approval | |
| by | | |
| 1 | voting group) | |
| The amendment(s) was/were adopted by the action was not required. | he board of directors without shareholder action and | l shareholder |
| ☐ The amendment(s) was/were adopted by the action was not required. | he incorporators without shareholder action and shar | reholder |
| Dated Novein | ser 15, 2017 | |
| Signature | conser of Sounder, as | - 10 bldelil |
| | resident of other officer – if directors or officers hav neorporator – if in the hands of a receiver, trustee, or | |
| | ary by that (iduciary) | |
| <u>_</u> G | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | ice Prosident | |
| | (Title of person signing) | |