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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MASSAGE U.S.	PA INC
DOCUMENT NUMBER: P16000029277	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
LIN RU GUO	
MASSAGE U SPA INC	Name of Contact Person
9801B PINES BLVD	Firm/ Company
PEMBROKE PINES, FL 3	Address 33024
RUIWANG5777@GMAILCOM E-mail address: (to be	City/ State and Zip Code // used for future annual report notification)
For further information concerning this matter, pla	zase call:
LIN RU GUO	718 666-5777
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	\$43.75 Filing Fee & U\$52.50 Filing Fee Certified Gopy 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 Articles of Incorporation \mathbf{of}

MASSAGE U SPA INC	ı			
(Name o	of Corporation as curr	ently filed with the Flo	orida Dept. of State)	
P16000029277				
	(Document Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corp</i>	poration adopts the following amendme	nt(s) to
A. If amending name, enter the new na	 me of the corporation	ı.		
MASSAGE	U SPA	INC.	The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A profession	"incorporated" or the abbreviation al corporation name must contain the	
B. Enter new principal office address,	if annlicable:	9801B	Pines Blvd	
(Principal office address MUST BE A S				
		<u>rembro</u>	Ke Pines	
		<u>-FL</u>	33024	
C. Enter new mailing address, if appli		98016	3 Pines BIVD	
(Mailing address <u>MAY BE A POST</u>				
	li li	Lewp1	oke Pines	
		FL	33024	
	, , , , , , , , , , , , , , , , , , , ,	- 11 171		
D. If amending the registered agent an new registered agent and/or the new			er the name of the	
-	LIN RU GUO			
Name of New Registered Agent	11			
	9801B PINES BLVD			
		la street address)		
New Registered Office Address:	PEMBROKE PINES		, Florida	
	 F	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			obligations of the position.	
		,		
24)	AHA SEP	
_/X	Couly	V/	A 35	
	Signature of N	ew Registered Agent, if	changing 2 00	
			D 11	
			66 68 7	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice is Executive Officer; CFO is held. President, Treasures Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fo ves the c	rector being a sary) e by the first let; T = Treasure Financial Officer would be PT llowing manner orporation, Sal	added:	irector being removed and title, name, and istee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe. PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones	İ	
X Add	<u>SV</u>	Sally Smith	I	
Type of Action (Check One)	<u>Title</u>	<u> Nап</u> 	n <u>e</u>	<u>Addres</u> s
1) Change	P	LIN	RU GUO	9801B PINES BLVD
X Add				PEMBROKE PINES, FL 33024
Remove				
2) Change				
Add				
Remove				
3) Change			 	
Add				
Remove			I	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

__ Remove

amending or adding additional Articles,	enter change(s) here:
Attach additional sheets, if necessary). (Be	specific)
· · · · · · · · · · · · · · · · · · ·	
	l'
	<u></u>
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	- Luif-ation or appellation of icenad charge
t an amendment provides for an exchang	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	I and the second
	<u> </u>
	<u> </u>

The date of each amendment(s) adop	ion:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc locument's effective date on the Depar	t does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment(s) ient for approval.
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
09/01/2017 Dated	
Signature X	milen
(By a direc	tor, president or other officer – if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary,
	N RU GUO
	(Typed or printed name of person signing)
PF	ESIDENT
	(Title of person signing)