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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MASSAGE U SPA INC. P16000029277 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Irene Cai Name of Contact Person Yongmei Cai Association CPA PA. Firm/ Company 601 N Congress Ave Ste 412 Address Delray Beach FL 33445 City/ State and Zip Code Youngmeicpa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 6997886

Area Code & Daytime Telephone Number Irene Cai Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional Copy

is enclosed)

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Articles of Amendment 'r
to
Articles of Incorporation
of

MASSAGE U SPA INC.	
(Name of Corporation as current)	filed with the Florida Dept, of State)
P16000029277	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. Hamending name, enter the new name of the corneration:	
n/a	The new
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	n/a
(Frincipal dijak dadi tas (<u>Mari de A Marine I (Marines)</u>)	
C. Enter new mulling address, if amplicable; (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office add	nees in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent TAO ZHEN	<u>'6</u>
9801 B PINE	S BLVD ver address)
New Registered Office Address: PEM BROKE	E PINES Florida 33024
MEN VERDIESEN ONICE VANIERY	(City) (Zip Code)
New Resistered Agent's Signature, if changing Resistered Agent I hereby accept the appointment as registered agent. I am familiar	i with and accept the obligations of the position.
(2) Tao Zhen Signature of New R	egistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

(Attack 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	PT	Iohn Doe	11 <u>1</u> 8
X Remove	¥	Mike Jones	
_X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	VP	Tao Zheng	9801B PINES BLVD
X Add			PEMBROKE PINES
Remove			FL 33024
2) Change			
Add			
Remove 3) Change			
Add			* * <u>* * * * * * * * * * * * * * * * * </u>
Remove			
4) Change			
Add	121111111	وجوار كالمتاه المناها والمستعادات	
Remove		18 B	
5) Change			
Remove		a constant part of the part	· +
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ortstons for implementing the amendment if not contained in the amendment itself. (If not applicable, indicate N/A)	nending or adding additional Articles, enter changes in additional sheets, if necessary). (Be specific)		,	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Energye date <u>it appearant</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as action was not required.	lopted by the incorporators, or board of directors without shareholder actio	n and shareholder
The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.)
☐ The amendment(s) was/were as must be separately provided for	sproved by the shareholders through voting groups. The following stateme reach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
ъу	(voling group)	
	(voling group)	
08/05/202 Dated	0	
Signature 🐼	Tao 2 Men directors, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	DU, HONGYAN	
	(Typed or printed name of person signing)	•
	President	
	(Title of person signing)	150 (17) (17) (17) (17) (17) (17) (17) (17)

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