PIGOCOUSINY

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

Office Use Only



000303148680

09/05/17--01011--015 **35.00

STOREMAN FROM DATE

SEP 1 3 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cozy Foot Ma	ssage Inc
DOCUMENT NUMBER: P16000043974	
 The enclosed <i>Articles of Amendment</i> and fee ar	e submitted for filing.
 Please return all correspondence concerning this 	matter to the following:
Yongmei Cai	
Youngmei Corp	Name of Contact Person
	Firm/ Company
601 N Congress Ave Suit	e 412
Delray Beach FL 33445	Address
	City/ State and Zip Code
youngmeiepa@gmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Irene Cai	at () 699-7886
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Statu	11
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 Incorporation of

Cozy Foot Massage Inc (Name of Corporation as currently filed with the Florida Dept. of State) P16000043974 Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Xingli Pu Name of New Registered Agent 4970 N University Drive (Florida street address) Florida 33321 Laudethill New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the post Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets,	and/or Director I if necessary)	oeing added: 	director being removed and title, name, and
		first letter of the office title:	Trustee; C = Chairman or Clerk; CEO = Chief
			than one title, list the first letter of each office
.held. President, Treasure.	r. Director would	be PTD.	
Changes should be noted	in the following r	nanner. Currently John Doe is listed as the	PST and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ves the corporation	on, 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 John D	ne l	
<u></u>	70mp	<u> </u>	
X Remove	V Mike Jo	ones	
		<u>}</u>	
X Add	SV Sally S	mith	
Type of Action	<u>Title</u>	 Name	Address
(Check One)			Addies
,	P/S .	 Cui, Ying	4970 N University Dr. Lauderhill.
1) Change		H · · ·	4770 N Oniversity Dr. Laudenian.
			FL, 33321
Add			,
X Remove			
			,
	VP	 Pu, Xingli	4970 N University Dr Lauderhill
2) Change		The state of the s	
X A.d.d			FL, 33321
Add			
Remove			
	VP	 Wei, Jianquan	4970 N Univerisy Dr. Lauderhill
3) Change		il	
X		· · ·	FL, 33321
Add			
Remove			
			
	VP	Zhang, Baoyu	4970 N University Dr, Lauderhill
4) Change		-11	
x Add			FL, 33321
∧uu			
Remove			
		\	
6 3 6 1	VP	Limoggio, Robert G	4970 N Univerty Dr. Lauderhill
5) Change			
x Add			FL, 33321
 **- _			
Remove			
6) Change		<u>[</u>	
o, Change		 	
Add			

_ Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	\parallel	
	<u> </u>	
	<u> </u>	
	11	
	inge, reclassification, or cancellation of issued shares,	
orovisions for implementing the amena (if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
(ij noi applicable, indicale IVA)		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
ļ	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will not be listed as the fi State's records.
Adoption of Amendment(s) (CI	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s)
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 indment(s) was/were sufficient for approval
b _j	<u> </u>
(ve	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shateholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	
8/31/2017 Dated	
	sident or other officer - if directors or officers have not been
	ediporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Xingli Pu	
	(Typed or printed name of person signing)
Vice Presi	ll dent
	(Title of person signing)