P16000045282

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SECULORIAN OF STATE

JUL 1 5 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	RATION: DREAMING FAR	M INC	
DOCUMENT NUMI	P16000045282		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all correc	spondence concerning this mat	ter to the following:	
	HUA ZHANG		
		Name of Contact Person	
	DREAMING FARM INC		
		Firm/ Company	
	525 N MILLS AVE		
		Address	
	ARCADIA FL 34266	City/ State and Zip Code	
		CRy/ State and ZIP Code	
wct	A2001@AOL.COM		
	E-mail address: (to be us	ed for future annual report no	itification)
For further informatio	n concerning this matter, pleas	se call:	
HUA ZHANG		at (917	287-5353
Name	of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depart	ment of State:
\$35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Ar	nendment		
10 Articles of Inc	ornaration	TT. 122	
of	or puration	49	
		28 E	**** § **
(Name of Corneration as sugrently	v filed with the Florida Dept, of State)		5
DREAMING FARM INC	THE WILL AND THE PURE OF STREET		i na mananana
		<u> </u>	(L)
(Document Number of	Corporation (if known)		وسيده
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s)	
A. If amending name, enter the new name of the corporation:		•	
N/A		_	
name must be distinguishable and contain the word "corporation	" Variation " an "Ilmanian and DI J.	The new	
"Corp.," "Inc.," or Ca," or the designation "Corp." "Inc.," or "(word "chartered," "professional association," or the abbreviation ".	Co" A professional corporation name must		
D. Data and advantage of the state of the st	N/A		
R. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
,		·	
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the		
new registered agent and/or the new registered office address			
Name of New Registered Agent N/A			
INGINE DI PIEW MERLINE ER ARBIT		_	
terral Page 1			
(Florida str	vei address)		
New Registered Office Address:	, Florida		
	(City) (Zip	Code)	
New Registered Agent's Signature, if changing Registered Agents			
I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the position		
Cionature of May D	egistered Agent, if changing	–	
Signate of New Y	-Percenta session is esterolistical		

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.

X Change	PT	John Doe	
X Remove	<u>Y</u> .	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
i)Change	S	MŲ YING WU	525 N MILLS AVE ARCADIA FL
X Add			
Remove			
2) Change			
Add			
Remove			
3) Change	 ,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				
		······································		
		<u> </u>		

				··
f an amendment provides for an ex- provisions for implementing the an (if not applicable, indicate N/A)	hange, reclassification contains	n. or cancellation of length of the mendmen	rsued shares. Litself:	
			·	

	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this da epartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(a ifficient for approval.	3)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholde	91
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
07/06/201 Dated	6	
Signature	the zheld	
şelect	director, 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 counted fiduciary by that fiduciary)	t
	HUA ZHANG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	