PIUDDEOISTH

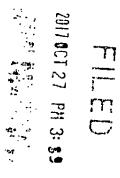
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	2 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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09/05/17--01009--002 **35.00



Amend

OCT 27 2017

COVER'LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PACIFIC OCEAN	SPA INC	
DOCUMENT NUM	IBER: P16000078774		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	ter to the following:	
	TING TING LI		
		Name of Contact Person	n
		Firm/ Company	
	600 E ALTAMONTE DR SU	JITE 1600	
		Address	
	ALTAMONTE SPRINGS, F	L 32701	
		City/ State and Zip Cod	e
	E-mail address: (to be us	QQ (om sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	v.,
TING TING LI		at (6579248
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment 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			Address
Amendment Section		Amendment Section	

Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 43



October 6, 2017

TING TING 600 E. ALTAMONTE DR STE. 1600 ALTAMONTE SPRINGS, FL 32701

SUBJECT: PACIFIC OCEAN SPA INC

Ref. Number: P16000078774

We have received your document for PACIFIC OCEAN SPA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

A TYPED/PRINTED SIGNATURE IS NOT ACCEPTABLE.

Please SIGN the documentin the spaces provided for the registered agent and officer/director signing the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 017A00020236



September 13, 2017

TING TING LI 600 E. ALTAMONTE DR STE. 1600 ALTAMONTE SPRINGS, FL 32701

SUBJECT: PACIFIC OCEAN SPA INC

Ref. Number: P16000078774

We have received your document for PACIFIC OCEAN SPA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

A typed or printed signature is not acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 917A00018635



Articles of Amendment to Articles of Incorporation

PACIFIC OCEAN SPA INC

PACIFIC OCEAN SPA INC				
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of St	tate)	
P16000078774				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts t	he following amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The n	iew [,]
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	lo". A professional corporation r	" or the abbreviati	ion
B. Enter new principal office address, (Principal office address MUST BE A S				_
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				- -
			011	- ""
			Tor I	- [
 If amending the registered agent ar new registered agent and/or the new 		ss in Florida, enter the name of t	<u>he</u> 꾸 고	j 1 i
Name of New Registered Agent	TING TING LI		<u> </u>	
	600 E ALTAMONTE DR S	SUITE 1600)
	(Florida stree	et address)		
New Registered Office Address:	ALTAMONTE SPRINGS	. Flori	32701	
Neganirea Office radicas.		City)	(Zip Code)	_
New Registered Agent's Signature, if c		ed 1		
I hereby accept the appointment as regist	erea ageni i am jamiliar wi	an and accept the obligations of th	e position.	
	Signature of New Re	Tun Jeng	11/	
	Signature of New Re	gistered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LU, JUN FENG	600 E ALTAMONTE DR
Add			SUITE 1600
X Remove			ALTAMONTE SPRINGS FL 3270
2) X Change	P	LI, TING TING	600 E ALTAMONTE DR
Add			SUITE 1600
Remove			ALTAMONTE SPRINGS FL 3270
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s)	adoption:	, 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 l	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
DatedS	30/2017	
(By a selec	i director, president or other officer —If directors or officers have not been tted, by an incorporator — if in the hands of a receiver, trustee, or other court	 :
арро	inted fiduciary by that fiduciary)	
	TING TING LI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	•===