# P16000095924

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: New Oriental Princess SPA Inc.  DOCUMENT NUMBER: P (600095924
DOCUMENT NUMBER: P (6000 93 724
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yong Gao Name of Contact Person
New Oriental Princess SPA. Inc
Firm/ Company
2828 Tamiami Trail North
Address
Naples / Florida 34/03 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future fannual refort notification)
For further information concerning this matter, please call:
Name of gontact Person at (678) 670-1628  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
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### Mailing Address

TO: Amendment Section

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

New Oriental Princess	SPA	Inc	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as current)	y filed with the	<u>Florida Dept</u>	, of State)
P 160000 95924			in the company of the second
(Document Number of	Corporation (if	known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit C	orporation ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:			
		***	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A profess	ional corpora '-	ation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	>8>8 Naples	Tamian , FL	ni Trail North
D. If amending the registered agent and/or registered office addraw registered agent and/or the new registered office address  Name of New Registered Agent		enter the nan	ne of the
2828 (Florida str	amiami eet address)	Trail	North
New Registered Office Address: Naples	(City)		, Florida_ <del>34/03</del> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v  Signature of New R	vith and accept t		s of the position.

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	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Títle</u> <u>Name</u>	Address
Change Add Remove	P Zhong Liu	4645 160th Street #17 Flushing, NY 11358
2) Change Add	P Yong Gao	5909 Richard Place Sarasota, FL 34231
Remove 3) Change Add	·	
Remove 4) Change Add		
Remove 5) Change		
Add Remove		
6) Change Add		
Remove		

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	<u> </u>		
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NA				
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			,	
If an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, o	r cancellation of issue in the amendment its	d shares, elf:	
(if not applicable, indicate N/A)				
NA			<u> </u>	<u>.                                    </u>
/V/ /				
			=	
		- Val		
				,

The date of each amendment(s) adoption: 12/06/2016	, if other than the
date this document was signed.	
Effective date if applicable: /2/>//>//>//>	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ (2/06/2016	
Signature Cog Gao	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee; or other court	
appointed fiduciary by that fiduciary)	
Yong Gao	
(Typed or printed name of person signing)	<del></del> _
Dresident	
(Title of person signing)	