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SECKETANT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: KIKI SPA INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGELINA C. LI Name of Contact Person JAL ACCOUNTING, P.A. Firm/ Company 3363 SHERIDAN STREET STE 214 Address HOLLYWOOD, FL 33021 City/ State and Zip Code ANGEL@JALACCT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ORITHUE WANG Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee ■\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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KIKI SPA INC

(<u>Name</u>	of Corporation as o	currently filed with the Florida Dept. of State)
	P170	7000028573
	(Document Ni	yumber of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statu	uses, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corpora	i ation:
		The new
	nation "Corp." "Inc	orporation," "company," or "incorporated" or the abbreviation ne, " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		NONE
		<u>(S</u>)
C. Enter new mailing address, if appl	icable:	NONE SS 22
(Mailing address MAY BE A POST	OFFICE BOX)	me m
		일표 [편]
 If amending the registered agent ar new registered agent and/or the new 		ffice address in Florida, enter the name of the e address:
	QIUYUE WANG	
Name of New Registered Agent	4869 COCONUT	GREEK PKWY
		Florida street address)
New Registered Office Address:	COCONUT CREE	EK 33063
		, Florida (City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered wered agent. I am fö	ed Agent: familiar with and accept the obligations of the position.
@ 9	in ful	of New Registered Agent, if changing
	Signature o	of New Registered 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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PDST	QIUYUE WANG	4859 COCONUT CREEK PKWY
X Add			COCONUT CREEK, FL 33063
Remove			
2) Change	PDST	CHENG, GUANG LEI	2633 E COMMERCIAL BLVD ST
Add			FORT LAUDERDALE, FL 33308
X Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5/ Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chan (Attach additional sheets, if necessary). (Be specific)	<u>re(s) nere:</u>
NONE	

F. If an amendment provides for an exchange, reclassific	ation, or cancellation of issued shares,
provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ntained in the amendment itself:
NONE	
	
·	

05/01/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/01/2019	
Effective date if applicable: (no more t	han 90 days after amendment file date)
(no more i	an Maga after unteranten fite aute.
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	ts through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by(voting group)	į .
(voting group)	
 The amendment(s) was/were adopted by the board of direction was not required. The amendment(s) was/were adopted by the incorporator 	
action was not required.	
Dated No Pin tue Wo	<u>19.</u>
Signature @ Pin tyle U	fam)
(By a director, president or othe	in the hands of a receiver, trustee, or other court
QIUYUE WANG	
(Typed or pr	inted name of person signing)
PRESIDENT	
(Title of person signing)