## P17000061381

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEERPOST INC.				
	BER: P17000061381				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	AMANDA ZHANG				
	Name of Contact Person				
	Prudent Accounting Services, LLC.				
	Firm/ Company				
	38-08 UNION STREET #2D				
		Address			
	FLUSHING, NY 11354				
		City/ State and Zip Code			
	OLIVIA@PRUDENTCPA.COM				
	E-mail address: (to be use	ed for future annual report	notification)		
For further informatio	π concerning this matter, pleas	e call: at ( 718	445-1818		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment to Articles of Incorporation of



DEERPOST INC.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000061381	•
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
DEEREX INC	The new
name must be distinguishable and contain the word "corpora" lnc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	(2
C. Enter new mailing address, if applicable:	38-08 UNION STREET #2D
(Mailing address MAY BE A POST OFFICE BOX)	
	FLUSHING, NY 11354
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent N/A	
· · · · · · · · · · · · · · · · · · ·	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	d Augusti
I hereby accept the appointment as registered agent. I am f	a Agent;  familiar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	<u>V</u>	LIANGIUN LIN	ISI3 NW 79TH AVE
X Add			DORAL
Remove			FL 33126
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			****
Add			
Remove			

<u>If am</u>	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	additional sheets, if necessary). (Be specific)
∛/A	
-	•
<u>If an</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	sions for implementing the amendment if not contained in the amendment itself:  f not applicable, indicate N/A)
	t not applicable, indicate N/A)
/A	
<del></del> .	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes east for the amendm ficient for approval.	nent(s)
☐ The amendment(s) was/were appromust he separately provided for a	oved by the shareholders through voting groups. The following state of voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/30/2020 Dated		
Signature	M	
selected	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary)	een court
	LIN ZHANG	
-	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)