P17000096852

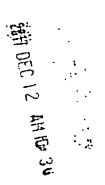
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COVER LETTER

TO: Amendment Section

TOTO THE PARTY OF Division of Corporations NAME OF CORPORATION: Sofu Spa Inc DOCUMENT NUMBER: P17000096852 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: yongmei cai Name of Contact Person Youngmei Corp Firm/ Company 601 N Congress Ave Ste 412 Address Delray Beach FL.33445 City/ State and Zip Code youngmeicpa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irene Cai Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



Sofu Spa Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P17000096852 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Robert C.Grimm Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am jamiliar with and accept the obligations of the position.

Signature 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 afficer/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 Doc 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	PΤ	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
<u>·X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
:) Change	P	xiaoyue hu	1936 Dairy Rd.
Add vRemove			West Melbourne fl. 31904
2) Change	þ	Robert C. Grimm	1936 Dairy Rd.
Add			West Melbourne fl. 31904
Remove			
3) Change			****
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
Add			
Remove			

,	icles, enter change(s) here: (Be specific)
f an amendinent provides for an exch	range, reclassification, or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendinent provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: It' the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendation flicient for approval.	nent(s)
	roved by the shareholders through voting groups. The following steach 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 ado action was not required.	pted by the board of directors without shareholder action and share	:holder
action was not required.	pted by the incorporators without shareholder action and sharehold	ler
Dated	12/8/2017 Xuyn H	
Signature	Xunn th	
(By a di selected	rector, president or other officer - if directors or officers have not it, by an incorporator - if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	been r court
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(the stay of the	