P170000 98762

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
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(Doc	ument Number))
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$\frac{\text{COVER LETTER}}{\checkmark}$

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ASQUAN USA IN	NC	
DOCUMENT NUN	P17000008762		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	ANGELA GUAN		
		Name of Contact Person	1
	GABLES ESTATES TAX & ADVISORY SERVICES P.A.		
		Firm/ Company	
	396 ALHAMBRA CIR STE	200	
		Address	
	CORAL GABLES, FL 3313	4	
		City/ State and Zip Cod	2
	AGUAN@GECPAS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
ANGELA GUAN		at (<u>305</u>	de & Daytime Telephone Number
Name	of Contact Person	Агеа Со	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASQUAN USA INC	
•	rrently filed with the Florida Dept. of State)
P17(XXX)098762	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporatio	on:
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co "chartered," "professional association," or the abbreviation ".	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	平 亡
	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad-	
Name of New Registered Agent	
(Flori	rida street address)
New Registered Office Address:	Dieda
New Registered Office Address.	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:
hereby accept the appointment as registered agent. I am fami	uliar with and accept the obligations of the position.
•	
Signature of N	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), 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)

Example:

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.

\underline{X} Change	$\overline{\mathbf{p_T}}$	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	CEOV	TSOL YIN LING	396 ALHAMBRA CIR S TOWER
Add			STE 200
X Remove			CORAL GABLES, FL 33134
2) Change	D	SCHMIT, ARNAUD	396 ALHAMBRA CIR S TOWER
X Add			STIE 200
Remove 3) Change			CORAL GABLES. FL 33134
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	-
e	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N A)	
(if not applicable, indicate NA)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate NA)	
(if not applicable, indicate N A)	
(if not applicable, indicate NA)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	
(if not applicable, indicate N A)	

. .

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ifficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
DatedE	12612020	
Signature		
selecte	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Company	
	(Title of person signing)	