P18000003057

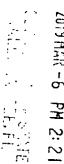
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: WOW Enterprise Model - DOCUMENT NUMBER: P18000003057
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anna Lapaeva Name of Gontact Person WOW Enter prise Model INC Firm Company 1111 E Sun rise Blvd. 511 Address Fort Lauderdale FL 33304 City/ State and Zip Code Info a anna lapaeva. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Anna Lapaeva at 401, 662 3812 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:
\$35 Filing Fee Status S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTalkbar of Fl. 233142661 Factories Corporations

2661 Executive Center Circle Tallahassee, FL 32301

D. <u>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:</u>

Name of New Registered Agent					
	1111 8	Surrise	Blvd	511	
New Registered Office Address:	(Floride	i street address) -allderd	OL Florida	F2	33304
		(City)		(Zip Code,)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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 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.

Mike Jones, V as Remi	ove, and Sally Smil	h, SV as an Add.		
Example: X Change	PT John	Doe		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>CEO</u>	<u>Yang Kar</u>		
Add Remove		V	Pompano Beae FL 33069	
2) Change	P	Deng, Jo	n 20142 Ocean ke	zy l
Add Remove			FL 33498	žh.
3) Change	CMO	ZOV, LIF	-ENG 4258 23 MAI Bellevue, WA	e S
Add Remove			<u>unever, v</u> n	100
4) Change				
Add				
5) Change	 -			
Add				
Remove				
6) Change				
Add				
Remove				

	ticles, enter change((Be specific)			
			<u>_</u>	
				
		 		
				
	<u> </u>			
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	hanga raelaeeifieati	an ar cancellation	of icenad charac	
f an amendment provides for an eve	mange, reclassificati	on, or cancenation	ior issucu anarca,	
provisions for implementing the am	endment if not cont:	ained in the ameno	lment itself:	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ained in the ameno	lment itself:	
provisions for implementing the am	endment if not cont:	ained in the amenc	lment itself:	
provisions for implementing the am	endment if not cont:	ained in the amenc	lment itself:	
provisions for implementing the am	endment if not cont	ained in the amenc	lment itself:	
provisions for implementing the am	endment if not cont	ained in the amenc	lment itself:	
provisions for implementing the am	endment if not cont	ained in the amenc	lment itself:	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	ained in the ameno	lment itself:	
provisions for implementing the am	endment if not conta	ained in the ameno	lment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3-1-19	
Effective date if applicable: 3-1-19 (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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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 3-1-19	
Dated	
Signature(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Λ	
(Typed or printed name of person signing)	
(Typed or printed name of pt/rson signing)	
(Title of person signing)	