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R. WHITE SEP 1 9 2018 2018 SEP 17 AN 8: 46 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SEMINOLE MAS	SAGE & SPA INC		
	BER: P18000076976			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ZHAO, LI HUA			
		Name of Contact Berson	,	
	SEMINOLE MASSAGE & :	SPA INC		
		Firm/ Company		
	6100 SEMINOLE BLVD			
	_	Address		
	SEMINOLE, FL 33772			
		City/ State and Zip Code		
AAD	SINC888/g,GMAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
ZHAO, LI HUA		813	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fi	or the following amount made			
S35 Filling Fee	□\$43.75 Filing Fee & Cortificate of Status	**D\$43.75 Filing For & Certified Copy (Additional copy is enclosed)	Classes Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address endment Section	Street Address Amendment Section		
	ision of Corporations		on of Corporations	
P.O), Box 6327	Clifton Building		
Tal	Jahassee, FL 32314		Executive Center Circle assect F1, 32301	
		i aran.	ADDECT LE DESTITE	

Articles of Amendment to Articles of Incorporation

FILED

οf 2018 SEP 17 AM 8: 46 SEMINOLE MASSAGE & SPAINC (Name of Corporation as currently filed with the Florida Dro P18000076976 (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: (Mailing 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 hold. 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 Dog		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	:	Address
1) Change	VP	ZHA	NG, JINWEI	 6100 SEMINOLE BLVD
Add				SEMINOLE, FL 33772
X Remove				
2) Change		-		
Add				
Remove				
3) Change		- ——		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 		
Add				
Remove				

	(Be specific)				
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<u>.</u>					
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-11-					
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*					
f an amendment provides for an excl	hange, reclassifica	tion, or cancella	tion of issued sh	ares,	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancells tained in the an	ition of issued shi nendment itself:	ares,	
<u>provisions for implementing the amo</u>	hange, reclassifica endment if not con	tion, or cancella tained in the an	ition of issued sha nendment itself:	ares,	
<u>provisions for implementing the amo</u>	hange, reclassifica endment if not con	tion, or cancell: tained in the an	ition of issued sh: nendment itself:	ares,	
provisions for implementing the amo	hange, reclassifica endment if not con	tion, or cancella tained in the an	ition of issued sha nendment itself:	ares,	
<u>provisions for implementing the amo</u>	hange, reclassifica indment if not con	tion, or cancells tained in the an	ition of issued sha gendment itself:	ares,	
provisions for implementing the amo	hange, reclassifica endment if not con	tion, or cancells tained in the an	ition of issued sha gendment itself:	ares,	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancells tained in the an	ition of issued sha nendment itself:	ares,	
provisions for implementing the amo	hange, reclassifica endment if not con	tion, or cancella	ition of issued sha nendment itself:	ares,	

The date of each amondments	09/11/2018	if when then the
The date of each amendment(s) date this document was signed.	adoption:	II other than tr
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this obspartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/11/20 Dated	018	
Sienature	L1 449.2440	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	ZHAO, LUHUA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	