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STORILLAND OF STATE
TALLAND SSEE, FLORIDA

NOV 2 8 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: BO BO RESTARUANT INC.	
DOCUMENT NUMBER: P18000090207	
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
JUNE L CAI	
	ne of Contact Person
JLC CPA PC	
	Firm/ Company
5610 FORT HAMILTON PKWY 1FL	
	Address
BROOKLYN, NY 11219	
City	/ State and Zip Code
CPLUSA5609@YAHOO.COM	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, please call:	
JUNE L CAI Name of Contact Person	at (718) 854-1989 Area Code & Daytime Telephone Number
Number of Software Crash	Area code a bayante relephone Namber
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee &	X \$43.75 Filing Fee & S52.50 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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

BO BO RESTARUANT INC				
(Name of Corpora	tion as currently filed with the	ne Florida Dept. of Stat	<u>te</u>)	
P18000090207				
(Doc	cument Number of Corporation	ı (if known))		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		da Profit Corporation	adopts the follo	owing
A. If amending name, enter the new name	ne of the corporation:			
				The new
name must be distinguishable and contain to "Corp.," "Inc" or Co.," or the designation "Coword "chartered," "professional association,	Corp, " "Inc," or "Co". A profes			
B. Enter new principal office address, if				
(Principal office address MUST BE A ST	REET ADDRESS)		7	성 တ 으
				<u> </u>
C. Enter new mailing address, if applica	hle.		ָטְבֶּרְ, -	(A) E
(Mailing address MAY BE A POST O				9:3
				<u> </u>
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the n	ame of the	
Name of New Registered Agent:	QIMIN XU			
	2150 HARRIS AVE NE			
		treet address)		
New Registered Office Address:	PALM BAY		, Florida 3290	5
	(City)			Zip Code)
New Registered Agent's Signature, if cha				
I hereby accept the appointment as register		a accept the obligations	s of the position	
	'h Xh			
S	ignature of New Registered Ag	gent, if changing		

ATX1

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	PI	<u>John Doe</u>		
X Remove	Ā	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	Р	QIMIN XU	2150 HARRIS AVE NE	
X Add			PALM BAY, FL 32905	
Remove				
2) Change	Р	ZHUO YU	2150 HARRIS AVE NE	
Add			PALM BAY, FL 32905	
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	BO BO RESTARUANT INC	ATX
Ε.	If amending or adding additional Articles, enter change(s) here:	
	(Attach additional sheets, if necessary). (Be specific)	
_		
_		-
_		
_		<u> </u>
_		
_		
_		
r.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
	1FF ,	
		••
_		
_		

BO BO RESTARUANT INC	ATX1
The date of each amendment(s) adoption:	if
other than the date this document was signed.	
Effective date if applicable:	
(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 not be listed as the document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
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. The following statement must be separately provided for each 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)	
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 11/16/2018	
Signature X Q7 m1 XC1	
(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)	
QIMIN XU (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	