P18000092747

(Re	equestor's Name)	
(Ad	ldress)	
	 	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	V:PALM TREES :	SPA INC			
DOCUMENT NUMBER:	P18000092747				
The enclosed Articles of Amer	ndment and fee are su	bmitted for filing.			
Please return all correspondent	ce concerning this ma	tter to the following:			
	Sharon Chen				
	·	Name of Contact Person	1		
	Deming & Associa	ates CPA			
Firm/ Company					
15970 W State Road 84, Unit 339					
		Address	_		
	Sunrise, FL 33326	•			
		City/ State and Zip Code	е		
	Sharon@fldacpa.co	o m			
E-1	• •	sed for future annual report	notification)		
For further information concer	ning this matter, pleas	se call:			
Sharon Chen		954 at (289-7922		
Name of Conta	ct Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:		
	643.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad		·	Address		
Amendment			Iment Section on of Corporations		
Division of C					
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PALM TREES SPA INC

- TREM TREES STATE				
(Name o	f Corporation as currently	y filed with the Florida Dept. of S	State)	
P18000092747				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	^c lorida Profit Corporation adopts	the following an	iendment(s)
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "(Co". A professional corporation	d" or the abbre	
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C			50 50 50 50 50 50 50 50 50 50 50 50 50 5	7019 JUL -8 PI
D. If amending the registered agent and	1/or registered office addre	ess in Florida, enter the name of	7.77 7.77 7.77 7.77 7.77	PM 2: 50
new registered agent and/or the new	registered office address:			
Name of New Registered Agent	Qiuyue Wang			
	5569 SE Federal Hwy		· <u>-</u>	
	(Florida stre	et address)		
New Registered Office Address:	Stuart	F1	34997	
New Registered Office Address.		, Flor. City)	(Zip Code,	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar w	ith and accent the obligations of th	ne position	
		gistered Agent, if changing		
	Signature of New Ke	дысегеи мдепі, і <i>ј спапдіпд</i>		

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)

Remove

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Ruimin Xuan	3 Royal Palm Way
Add			Apt # 303
X Remove			Boca Raton, FL 33342
2) Change	P	Qiuyue Wang	5569 SE Federal Hwy
X Add			Stuart, FL 34997
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

anach daumo	or adding additional on all sheets, if necessor	ary). (Be specific,)		
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an amendme	ent provides for an rimplementing the plicable, indicate N/.	amendment if not	fication, or cancel contained in the a	lation of issued sha mendment itself:	res,
(if not app					
(if not ap _i					
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	April 29, 2019	
The date of each amendment(s) and this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendr ufficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following st r each voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were acaction was not required.	opted by the board of directors without shareholder action and share	holder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and sharehold	ег
07/03/2 Dated	D19	
Signature	Divivie way director, president or other officer – if directors or officers have not	
select	director, president or other officer — if directors or officers have not bed, by an incorporator — if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	peen : court
	Qiuyue Wang	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	