P19000041095

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hanchao Inc			
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	ebmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Irene Cai			
		Name of Contact Person	1	
	Yongmei Cai & Associates C	CPA PA		
		Firm/ Company		
	601 N Congress Ave, Ste 412	. ,		
		Address		
	Delray Beach, FL, 33445			
		City/ State and Zip Code	2	
	youngmeicpa@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Irene Cai		561 at (699-7886	
Name (of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 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 Address Amendment Section			Address	
Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Hanchao Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P19000041095
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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: (Muiling address MAY BE A POST OFFICE BOX) 4595 North lake Blvd. Suite 135 Palm Beach Garden's 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: Shi, Ying
Name of New Registered Agent
4595 Noith who Blud Swite 105, (Florida street address) New Registered Office Address: Palm Beach Garden; Florida 33418 (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

The date of each amendment(s	adoption:, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated	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 court
арро	inted fiduciary by that fiduciary)
	Shi, Ying
	(Typed or printed name of person signing)
	President
	(Title of person signing)