Block 7 - PSV 2

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** (the **"Vendor"**) and

MEIQING PENG and ZHIHUA KUANG (the **"Purchaser"**)

Suite **1208** Tower **TWO** Unit **8** Level **12** (the **"Unit"**)

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

DELETE: FROM THE AGREEMENT OF PURCHASE AND SALE
N/A

INSERT: TO THE AGREEMENT OF PURCHASE AND SALE
The undersigned, Zijie Kuang (collectively, the "Purchaser")

DATE OF BIRTH: October 19, 1991
DRIVER`S LICENCE: K9006-79609-11019
SIN No:
CURRENT ADDRESS: 912-75 King William Cres, Richmond Hill, ON, L4B 0C1

TELEPHONE: 647-648-0983
EMAIL: 15622764676@163.com
OCCUPATION: Flight Instructor Rating
EMPLOYER: Brampton Flight Center

(Relationship to original purchaser: Son)

Signature: ____________________

Dated at **Mississauga, Ontario** this 6th day of December **2017.**

SIGNED, SEALED AND DELIVERED
In the Presence of:

____
Witness

____
Witness

____
Purchaser - MEIQING PENG

____
Purchaser - ZHIHUA KUANG

Accepted at Toronto this 7 day of December **2017.**

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per: ____________________ c/s
Authorized Signing Officer
I have the authority to bind the Corporation.

maMS_amd.rpt 27sept16

Individual Identification Information Record

NOTE: An Individual Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate. It is recommended that the Individual Identification Information Record be completed:

(i) for a buyer when the offer is submitted and/or a deposit made, and
(ii) for a seller when the seller accepts the offer

Transaction Property Address: 510 Curran Pl. Unit 1208, Mississauga, ON

Sales Representative/Broker Name:

Date Information Verified/Credit File Consulted: Dec. 6/17

A. Verification of Individual

NOTE: One of Section A.1, A.2, or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller). Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

1. Full legal name of Individual: Zijie Kuang
2. Address: 912 - 75 King William Cres, Richmond Hill, ON L4B 0C1
3. Date of Birth: 1991/10/19
4. Nature of Principal Business or Occupation: Brampton Flight Centre - Flight Instructor Rating

A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present.

1. Type of Identification Document*: Driver's Licence (must view the original and have a photo; see CREA's FINTRAC materials on REALTOR Link® for examples)
2. Document Identifier Number: K9006 - 79609 - 11019
3. Issuing Jurisdiction: Ontario (insert applicable Province, Territory, Foreign Jurisdiction or "Canada") **Country:** Canada
4. Document Expiry Date: 2018/10/19 (must be valid and not expired)

A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

1. Name of Canadian Credit Bureau Holding the Credit File:

2. Reference Number of Credit File:

A.3 Dual ID Process Method

1. Complete two of the following three checkboxes by ascertaining the individual's identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

☐ Verify the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth*
- O **Name of Source:**
- O **Account Number**:** (must be valid and not expired; must be recent if no expiry date)

☐ Verify the individual's name and address by referring to a document or source containing the individual's name and address*
- O **Name of Source:**
- O **Account Number**:** (must be valid and not expired; must be recent if no expiry date)

☐ Verify the individuals' name and confirm a financial account*
- O **Name of Source:**
- O **Financial Account Type:**
- O **Account Number**:**

*See CREA's FINTRAC materials on REALTOR Link® for examples. ** Or reference number if there is no account number

Individual Identification Information Record

A.4 Unrepresented Individual Reasonable Measures Record *(if applicable)*

Only complete this section when you are unable to ascertain the identity of an unrepresented individual.

1. Measures taken to Ascertain Identity *(check one)*:

☐ Asked unrepresented individual for information to ascertain their identity

☐ Other, explain: ....

Date on which above measures taken: ....

2. **Reason why measures were taken** *(check one)*:

☐ Asked unrepresented individual for information to ascertain their identity

☐ Other, explain: ....

B. Verification of Third Parties

NOTE: *Only complete Section B for your clients.* Complete this section of the form to indicate whether a client is acting on behalf of a third party. Either B.1 or B.2 must be completed.

B.1 Third Party Reasonable Measures

Where you cannot determine whether there is a third party, complete this section.

Is the transaction being conducted on behalf of a third party according to the client? *(check one)*:

☐ Yes

☐ No

Measures taken *(check one)*:

☐ Asked if client was acting on behalf of a third party

☐ Other, explain: ....

Date on which above measures taken: ....

Reason why measures were unsuccessful *(check one)*:

☐ Client did not provide information

☐ Other, explain: ....

Indicate whether there are any other grounds to suspect a third party *(check one)*:

☐ No

☐ Yes, explain: ....

B.2 Third Party Record

Where there is a third party, complete this section.

1. **Name of third party:** ....
2. **Address:** ....
3. **Date of Birth:** ....
4. **Nature of Principal Business or Occupation:** ....
5. **Incorporation number and place of issue** *(if applicable)*: ....
6. **Relationship between third party and client:** ....

Individual Identification Information Record

NOTE: *Only complete Sections C and D for your clients.*

C. Client Risk *(ask your Compliance Officer if this section is applicable)*

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

Low Risk

- ☑ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident – High Crime Area – No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

Medium Risk

- ☐ Explain:

High Risk

- ☐ Foreign Citizen or Resident that operates in a High Risk Country (physically present or not)
- ☐ Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

Individual Identification Information Record

D. Business Relationship

(ask your Compliance Officer when this section is applicable)

D.1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of.

☐ Residential property

☐ Commercial property

☐ Other, please specify: ....

☐ Residential property for income purposes

☐ Land for Commercial Use

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

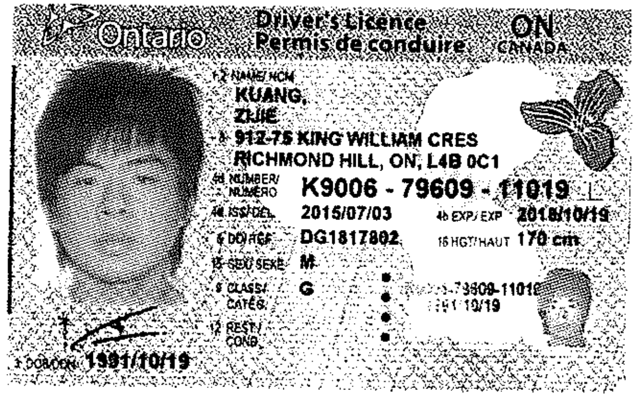
D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.


Ontario Driver's Licence Permis de conduire ON CANADA
1,2 NAME/NOM
KUANG,
ZIJIE
8 912-75 KING WILLIAM CRES
RICHMOND HILL, ON, L4B 0C1
4d NUMBER/NUMÉRO K9006 - 79609 - 11019
4a ISS/DÉL. 2015/07/03 4b EXP/EXP 2018/10/19
5 DD/REF DG1817802 16 HGT/HAUT 170 cm
15 SEX/SEXE M
9 CLASS/CATÉG. G
12 REST/COND.
3 DOB/DDN 1991/10/19

-647-648-0983

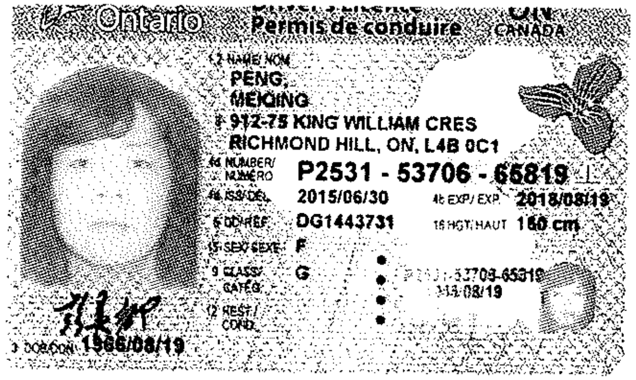
-brampton flight center

flight instructor rating

P5V2 #1208

15622764676@163.com


Ontario
Permis de conduire
CANADA
KUANG,
ZHIHUA
RICHMOND HILL, ON, L4B 0C1
NUMBER/ NUMÉRO
K9006 - 79606 - 10123
2017/08/31
4b EXP/ EXP
16 HGT/HAUT
170 cm
DX2801025
M
G
79606-10123
01/23


Ontario
Permis de conduire
CANADA
NAME/NOM
PENG,
MEIQING
912-75 KING WILLIAM CRES
RICHMOND HILL, ON, L4B 0C1
NUMBER/NUMÉRO
P2531 - 53706 - 65819
ISS/DEL
2015/06/30
EXP/EXP
2018/08/19
DD/REF
DG1443731
HGT/HAUT
160 cm
SEX/SEXE
F
CLASS/CATÉG
G
REST/COND
DOB/DDN
1966/08/19