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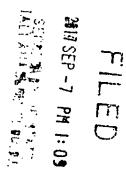
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Amend

SEP 1 4 7017

COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF CORPORATION: ABY Health Inc.	c
DOCUMENT NUMBER: P12000063601	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Soon Joo Lee	
	Name of Contact Person
3804 West North A St.	Firm/ Company
Tampa, Florida 33609	Address
	City/ State and Zip Code
fate813@yahoo.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Soon Joo Lee	at (813) 873-8919
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of ABY Health Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P12000063601 (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: Soon Joo Lee Name of New Registered Agent 3804 West North A St. (Florida street address) Tampal New Registered Office Address: (City) 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

Executive Officer; CFO: held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	President = Chief I r, Directo in the foo wes the co	; T= Trea Financial or would b llowing m orporation	isure Offic pe P7 anne n. Sa	r; S= Secretary; D= Director; TR= Tru er. If an officer/director holds more the D. r. Currently John Doe is listed as the PS lly Smith is named the V and S. These sh	stee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Nan	<u>ne</u>	Address
1) Change	D	_	Gu	Bon Chul	3804 West North A St.
Add					Tampa, Florida 33609
x Remove			:		
2) Change	D		Soo	n Joo Lee	3804 West North A St.
x Add					Tampa, Florida 33609
Remove					
3) Change		_	_		
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Chana					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Page 2 of 4

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)

E. If amending or adding additional Articles	
(Attach additional sheets, if necessary). (1	Be specific)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<u> </u>
E. If we amondment provides for an archan	and analoguification, on augustlation of igned theres
provisions for implementing the amendr	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
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 block does n document's effective date on the Department of	the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CE	 ECK ONE
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) tipproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval
by	···
(vo.	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
September 6, 2017 Dated	
Signature	
•	ident or other officer – if directors or officers have not been
selected, by an inci- appointed fiduciary	orborator – if in the hands of a receiver, trustee, or other court
Soon Joo L	eé]
	(Typed or printed name of person signing)
Director .	
	(Title of person signing)