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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AcuBalance Therapy II, Inc				
DOCUMENT NUMBER: P14000014580				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence	concerning this ma	tter to the following:		
Jerry Ziffo	er			
Name of Contact Person				
AcuBalan	ce Therapy II, Inc			
		Firm/ Company		
634 Sun F	634 Sun Ray Ct.			
	Address			
Boynton 1	Boynton Beach, FL 33436			
		City/ State and Zip Cod	2	
knowhub@aol.c	com			
E-ma	il address: (to be us	sed for future annual report	notification)	
For further information concerni	ng this matter, pleas	se call:		
Jerry Ziffer		at (7072929	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	irtiment of State:	
	3.75 Filing Fee & rtificate 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AcuBalance Therapy II, Inc.					
(Name	of Corporation as currently	filed with the Florida Dept.	of State)	-	· · · · · ·
P14000014580					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corporation add	pts the follo	wing ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:				
				The	new
name must be distinguishable and coi "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or "C	Co". A professional corporat	ated" or the ion name m	abbrevi	ation
B. Enter new principal office address (Principal office address MUST BE A.S.)					
			<u> </u>	2019 NOY	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				MOY -	
		•	:	<u> </u>	
D. If amending the registered agent a new registered agent and/or the ne		ss in Florida, enter the name	of the	:103	
Name of New Registered Agent	Albert Jerald Ziffer				
name of New Negistered Agent	634 Sun Ray Ct.		-~-		
	(Florida stree	et address)			
	Dounton Danah		33436	5	
New Registered Office Address:	Boynton Beach		Florida		

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	PT	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1)Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add	•	•	,•	
Remove				
4) Change				
Add		<u></u>		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove		» : *		

Attach additional sheets, if necessary).	(Be specific)
W-#**	
	······································
	··
an amendment provides for an eyel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	·
Effective date if applicable:	
(no more ti	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recor	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was	s/were sufficient for approval
by(voting group)	25
(voting group)	
The amendment(s) was/were adopted by the board of direction was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated/0/29//9	
	r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
Albert (Typed or pr	Tevald Ziffer inted name of person signing)
	e for lower
$O \setminus V$	(CHOV 10WYE K

(Title of person signing)