## 3000030658

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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Amend

TBrawn 11-29-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Merits Health Products, Inc.  DOCUMENT NUMBER: P9300030658
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura F. Shepherd  Name of Contact Person  Merits Health Products Fnc.  Firm/ Company  730 NE 19th Place  Address  Cape Caral FL 33909  City/ State and Zip Code  Shepherd a Merits health.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Caura F Shepherd   at (239) 772-0579 x 289   Name of Contact Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status    \$35 Filing Fee & Certificate of Status
Mailing Address Amendment Section  Street Address Amendment Section

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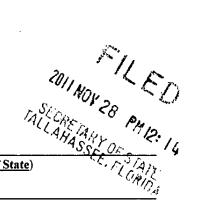
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



P930000 30658

(Document Number of Corporation (if known)

llowing

Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, thi	s Florida Profit Corpo	pration adopts the following
A. If amending name, enter the new name of the	corporation:		
The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co" or the des name must contain the word "chartered," "professi	ignation "Corp,"	"Inc," or "Co". A pro	ofessional corporation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X</u> )		
D. If amending the registered agent and/or regis new registered agent and/or the new registere		ss in Florida, enter the	name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
<del></del>	(Florida stree	t address)	<del></del>
New Registered Office Address:	(City)	, Flor	rida(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: . I am familiar wi	th and accept the obliga	tions of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

都當

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

. A.,

additional sheet.)

Title(s)	Name	Address
1)	<u>Larry Cheng</u>	9 Road 36, Taichung Industrial Park Taichung, Taiwan R.O.C. 40768
2) <u>DVP</u>	Jonathan Cheng	4235 Perth Ct. North Fort Myprs FL 33903
3) <u>DP</u>	Tony Chang	9Road 36 Tarchung Industrial Park Tarchung Taiwan Ro.C. 40768
4) D	Shui-Tung Chiang	
<u>D_</u> (e	Chung-Lun Liu	9 Road 36 Taichung Industrial Park Taichung Taiwan R.O.C. 40768
6)	<del></del>	- Tartoan F.o.e. 40108
If REMOVING	G an officer and/or director, please list the ti	tle(s) and name of the officer/director to be removed:
Title(s)	<u>Name</u>	<u>Title(s)</u> <u>Name</u>
1)	• •	4)
2)		5)
3)		6)

E. <u>If amending or adding additional</u> (attach additional sheets; if necessar	Articles, enter change(s	<u>) here</u> :	
(anach additional sheets, if necessal	y). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )
(\$ off.
11,27-11
he date of each amendment(s) adoption:
ffective date if applicable:
(no more than 90 days after umendment file date)
( to more any any any and any and any
doption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen
must be separately provided for each voting group entitled to vote separately on the amendment(s):
1 11
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.
1 1
Dated 11/22///
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
\(\tau_1 \)
Jonathan Chauc
(Typed or printed name of person signing)
(1) ped of printed faint of person signing)
Vica Procident
(Title of person signing)
Jonathan Cheng (Typed or printed name of person signing) Vice President