P 9300 31638

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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R. WHITE

FILED 15 AUG 17 AM 5: 52 SLOPED/SHEET SLADA TALLAHASSEE, FLORDA

COVER LETTER

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| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Merits Health Products, Inc. | | | | | |
| DOCUMENT NUMBER: P96000030 | ame of Corporation 658 | | | | |
| The enclosed Articles of Correction and fe | e are submitted for filing. | | | | |
| Please return all correspondence concernin | g this matter to the following: | | | | |
| Michelle Hendry | | | | | |
| Name of Contact Person | | | | | |
| Merits Health Products, | , Inc. | | | | |
| Firm/Company | | | | | |
| 730 NE 19th Place | | | | | |
| Cape Coral, FL 33909 | | | | | |
| City/State and Zip Code | | | | | |
| mhendry@meritsusa.com | | | | | |
| E-mail address: (to be used for future annual re | port notification) | | | | |
| For further information concerning this ma | tter, please call: | | | | |
| Michelle Hendry | at (239 772-0579 x289 Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amou | unt: | | | | |
| \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | | | |
| □ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | | | |
| 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

FUED

Merits Health Products, Inc

15 AUG 17 AM 5: 52

| Werks Health Hoddels, tile | |
|--|---|
| (Name of Corporation | n as currently filed with the Florida Dept. of State) |
| P93000030658 | TALLATIASSEE, FLORIDA |
| (Docume | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s |
| A. If amending name, enter the new name of the cor | poration: |
| | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association." or the a | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | RESS) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX |) |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Regis | |
| I hereby accept the appointment as registered agent. I | am familiar with and accept the obligations of the position. |
| | |
| | |
| Signat | ure of New Registered Agent if changing |

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 | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | DVP | Jonathan Cheng | No 18 Jingke Rd Nantun Dist |
| Add | | | Taichung, Taiwan R.O.C. FL40852 |
| X Remove | | | |
| 2) Change | DVP | Shun Yuan Cheng | 4235 Perth Court |
| X Add | | | North Fort Myers, FL 33903 |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | · .==== | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | - - | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
|---|---|
| | <u> </u> |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| | |
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| | · · · · · · · · · · · · · · · · · · · |

| |) 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 the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e 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): | nt . |
| "The number of votes c | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| 7-17-20 Dated | 115 | |
| Signature | | |
| (By sele | a director, president or other officer. Hairectors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) | |
| | Yang Liu | |
| | (Typed or printed name of person signing) | |
| | Secretary | |
| | (Title of person signing) | |