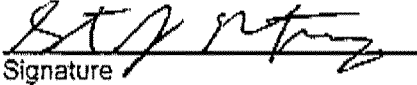


Client Code: TSOI.UCC3

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties) <b>KNOBBE, MARTENS, OLSON &amp; BEAR, LLP</b></p> <p>( ) Individual ( ) General Partnership ( ) Association ( ) Limited Partnership (X) Other: California ( ) Corporation of: Limited Liability Partnership</p> <p>Additional name(s) of conveying party(ies) attached? ( ) Yes (X) No</p>	<p>2. Name and address of receiving party(ies): Name: THERAPEUTIC SOLUTIONS INTERNATIONAL, INC. Internal Address: SUITE B Street Address: 4093 OCEANSIDE BLVD. City: OCEANSIDE State: CA ZIP: 92056</p> <p>( ) Individual ( ) General Partnership ( ) Association ( ) Limited Partnership ( ) Other: (X) Corporation of: NV</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: ( ) Yes (X) No</p>
<p>3. Nature of conveyance: ( ) Assignment ( ) Security Agreement ( ) Merger ( ) Change of Name (X) Other: <b>Security Interest Termination</b></p> <p>Execution Date: (List as in section 1 if multiple signatures) NOVEMBER 12, 2020</p>	<p>Additional name(s) and address(es) attached? ( ) Yes (X) No</p> <p>4. Application number(s) or registration number(s): a. Trademark Application No(s): 86/723465 b. Trademark Registration No(s):</p> <p>Additional numbers attached? ( ) Yes (X) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:  <b>Customer No. 20,995</b> <b>Address: Knobbe, Martens, Olson &amp; Bear, LLP</b> 2040 Main Street, 14<sup>th</sup> Floor Irvine, CA 92614 <b>Return Fax: (949) 760-9502</b> <b>Attorney's Docket No.: TSOI.UCC3</b></p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00 (X) Authorized to be charged to deposit account</p>
<p>8. Deposit account number: 11-1410 Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>	
<p>9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.</p> <p>STEVEN J. NATAUPSKY  <u>11/20/2020</u> Name of Person Signing Signature Date</p> <p>Total number of pages including cover sheet, attachments and document: 2</p>	

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# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Mitchell Do 949-721-5265</b>
B. E-MAIL CONTACT AT FILER (optional) <b>mitchell.do@knobbe.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Knobbe Martens 2040 Main St., 14th Floor Irvine, CA 92614, USA</b>

Filed in the Office of <i>Barbara K. Cavanaugh</i>  Secretary of State State Of Nevada	Filing Number <b>2020136684-1</b>
	Initial Filing Number <b>2018002872-8</b>
	Filed On <b>November 12, 2020 11:10 AM</b>
	Number of Pages <b>1</b>

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**2018002872-8**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS  
Fee: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1a

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  PARTY INFORMATION CHANGE:  
Check one of these two boxes:  Debtor or  Secured Party of record AND Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b; and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (USE EXACT, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME  
**KNOBBE, MARTENS, OLSON & BEAR, LLP**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  
**TSOI - UCC3 (THERAPEUTIC SOLUTIONS INTERNATIONAL, INC.)**