

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**F2000002113**

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NEPTUNE NATURALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 JUN 15 AM 4:27

2020 JUN -1 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 17 2020

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Neptune Naturals, Inc.

Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sofia Parvin

Name of Contact Person

Neptune Wellness Solutions, Inc.

Firm/Company

100-545 Promenade du Centropolis

Address

Laval, Quebec, H7T 0A3, Canada

City/State and Zip Code

s.parvin@neptunecorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Parvin

Name of Contact Person

at ( 514 ) 686-8639

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F20000002113

(Document number of corporation (if known))

1. Neptune Naturals, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 05/06/2020

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/27/2020

5. Neptune Health & Wellness Innovation, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

2020 JUN -1 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Toni Rinow

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Toni Rinow

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

FILING FEE \$35.00

FILED  
2022 JUN -1 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NEPTUNE NATURALS, INC.", CHANGING ITS NAME FROM "NEPTUNE NATURALS, INC." TO "NEPTUNE HEALTH & WELLNESS INNOVATION, INC.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2020, AT 11:19 O'CLOCK A.M.



7937522 8100  
SR# 20204723648

You may verify this certificate online at [corp.delaware.gov/autnver.shtml](http://corp.delaware.gov/autnver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202999690  
Date: 05-27-20

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:19 AM 05/27/2020  
FILED 11:19 AM 05/27/2020  
SR 20204723648 - File Number 7937522

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION  
OF  
NEPTUNE NATURALS, INC.**

Neptune Naturals, Inc. (the "**Corporation**"), a corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. This Certificate of Amendment (the "**Certificate of Amendment**") amends the provisions of the Corporation's Certificate of Incorporation filed with the Secretary of State on April 16, 2020 (the "**Certificate of Incorporation**").
2. Article I of the Certificate of Incorporation is hereby amended and restated in its entirety as follows:  
  
The name of the corporation is Neptune Health & Wellness Innovation, Inc. (the "**Corporation**").
3. This amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.
4. All other provisions of the Certificate of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be signed this 27th day of May, 2020.

By: /s/ Toni Rinow  
Name: Toni Rinow  
Title: Treasurer