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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: THE ANIPLA	NT PROSECT, INC.
DOCUMENT NUMBER: N/OO	00003584
The enclosed Articles of Correction a	nd fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
CHARLENE W. J Name of Contact Person	NOLIS
THRANIPLANT FIRM/Company	PROFECT, INC.
3516 CASEY KE	<u> </u>
NOKOMIS 3L 3 City/State and Zip Co	34275-8327 ode
Charingus Co E-mail address: (to be used for farture ar	meast NET
For further information concerning th	is matter, please call:
CHAPLENE W. INGLI	at (941) 914.0558 Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	y \$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 CORRECTION

for

THE ANIPLANT PROJECT, INC. Name of Corporation as currently filed with the Florida Dept. of State			
N1000003584 Document Number (if known)			
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this countered these Articles of Correction within 30 days of the file date of the document being co	rporatio	n files	
These articles of correction correct <u>ARTICLES OF INCOLPORATIO</u> (Document Type Being Corrected)	\mathcal{N}	_,	
filed with the Department of State on APRIL 9 2010 (File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
ACTICLY F: DIEECTORS			
LES INGLIS	₽SE	a	
CHARLENE INGLIS	₽Ş	APR	
ROBERT SKOGLAND	ASS:	20	Ξ
	1112	PH	
	9	<u></u>	
	X		_
Correct the inaccuracy, incorrect statement, or defect:			
LESLIE E. INGLIS			_
CHARLENE W. INGMS			
ROBERT A. SKOGLAND		 .	
			_
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorpolator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)			
CHARLENE INCLIS (Typed or printed name of person signing) (Title of printed name of person signing)	OCA person signir	TO E	<u>,</u>

Filing Fee: \$35.00