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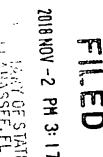
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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C. GOLDEIN

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: VET TECH | I IMAGING INC | | |
|--|--|--|--|
| DOCUMENT NUMBER: P18000052233 | | | |
| The enclosed Articles of Amendment and fe | e are submitted for filing. | | |
| Please return all correspondence concerning | this matter to the following: | | |
| KAREN JOU | | | |
| · | Name of Contact Person | | |
| SAVIGNANO ACCO | UNTANTS AND ADVISORS | | |
| | Firm/ Company | | |
| 4746 VERNON BLV | D, 2ND FLOOR | | |
| | Address | | |
| LONG ISLAND CIT | Y, NY 11101 | | |
| | City/ State and Zip Code | | |
| K A DENIGO A VICNANIO A | PA COM | | |
| KAREN@SAVIGNANO-C | to be used for future annual report notification) | | |
| L-man autress. | to be used for future annual report notification) | | |
| For further information concerning this matt | er please call: | | |
| To turbo mornano concerning and make | d, prease can. | | |
| | at () | | |
| 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: | | |
| chelosed is a check for the following amount | i made payable to the Florida Department of State. | | |
| □ \$35 Filing Fee □\$43.75 Filing Certificate of S | | | |
| Mailing Address | Street Address | | |
| Amendment Section | Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | | | |

Articles of Amendment to Articles of Incorporation

FILED

2018 NOV -2 PM 3: 17

| VET TECH IMAGING INC. | | | 11 LARY OF S |
|--|------------------------------|---|------------------------|
| (Name of | Corporation as currently | filed with the Florida Dept. of State) | IALLAHASSEE |
| P18000052233 | | | |
| | (Document Number of C | Corporation (if known) | |
| D | one mi i no a constitue m | t it b ordinate and called | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | po, Florida Statutes, this F | fortiaa Profit Corporation adopts the 101 | towing amendment(s) to |
| A. If amending name, enter the new nam | e of the corporation: | | |
| Alh | | | The new |
| name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat- word "chartered," "professional association | ion "Corp," "Inc," or "C | o". A professional corporation name | the abbreviation |
| B. Enter new principal office address, if | applicable: | N/A | |
| (Principal office address MUST BE A STR | | | |
| | | | |
| | | | - |
| C. Enter new mailing address, if applica | ible: | ı | |
| (Mailing address MAY BE A POST OF | | N/A | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/ | or registered office addre | ss in Florida, enter the name of the | |
| new registered agent and/or the new i | registered office address: | | |
| Name of New Registered Agent | N/A | | |
| | | | |
| _ | (Florida stree | et address) | |
| Non Project of Office Address | | ricida | |
| New Registered Office Address: | ((| , Florida City) | (Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if cha | | | |
| I hereby accept the appointment as register | ed agent. I am familiar wi | th and accept the obligations of the posi | ition. |
| | | | |
| | | | |
| | Signature of New Re | gistered 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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------|------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | Р | MICHAEL GITERMAN | 2700 N 29TH AVE SUITE 303 |
| Add | | | HOLLYWOOD FL 33020 |
| X Remove | | | |
| 2) Change | P | OLGA SHAPIRO | 1914 FARNSWORTH LANE |
| X Add | - | | APT 210 |
| Remove | | | NORTHBROOK, IL 60062 |
| 3) Change | D | MICHAEL GITERMAN | 2700 N 29TH AVE SUITE 303 |
| Add | | | HOLLYWOOD FL 33020 |
| X Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| 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: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| 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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| provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares. Indicate the indicate of the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares. Indicate the indicate of the amendment itself: |

| The date of each amendment(s) | JUNE 13, 2018 adoption: | . if other than the |
|--|---|---|
| date this document was signed. | | |
| JU Effective date <u>if applicable</u> : | JNE 13, 2018 | |
| <u> </u> | (no more than 90 days after amendment file | daei |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing require Department of State's records. | ements, this date will not be fisted as the |
| Adoption of Amendment(s) | (<u>©HECK ONE</u>) | |
| The amendment(s) was/were a by the shareholders was/were | idopted by the shareholders. The number of votes east for th sufficient for approval. | ie amendment(s) |
| | approved by the shareholders through voting groups. The fol- for each voting group entitled to vote separately on the amer | |
| "The number of votes ca | ist for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | adopted by the board of directors without shareholder action and adopted by the incorporators without shareholder action and | |
| Dated | 10.29.18 Acadam | |
| | | |
| | | |
| sele | n director, president or other officer – if directors or officers sted, by an incorporator – if in the hands of a receiver, truste- sinted fiduciary by that fiduciary) | |
| | OLYA SHAPIRO | |
| | (Typed or printed name of person signing) | <u> </u> |
| | PRESIDENT AND DIRECTOR | |
| | (Title of person signing) | |
| | | |
| | | |
| | • | |