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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MANIMAL LAND	CO., INC.			
DOCUMENT NUMB	ER: S02820				
	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Steven Cohen				
-		Name of Contact Person	n		
	Manimal Land Co., Inc				
-	Firm/ Company				
	140 N Federal Highway, Suite 200				
-	Address				
	Boca Raton, Florida 33432	2			
-		City/ State and Zip Cod	e		
scohe	n@manimalland.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For turther information	concerning this matter, please	se call:			
Steven Cohen		954 at (
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MANIMAL LAND CO., INC.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
S02820	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FILL 29
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	PH. 1: 24 SEE, FLORIDA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	·
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New 1	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	<u>PT</u>	John Doc	
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	VP	LARDIN, THOMAS D	
Add X Remove			
2) X Change	V	COHEN, DEBRA M	
Add			
Remove 3) Change	Р	COHEN, STEVEN E	140 N. Federal Highway
X Add			Suite 200
Remove			Boca Raton, FL 33432
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>	
I an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	June 1, 2018	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	ne 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this compartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	1(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/26/20 Dated	18	
Signature	Im	
(By a	director, president or other officer - if directors or officers have not been	n
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other co-	urt
арро	inted fiduciary by that fiduciary)	
	Debra M Cohen	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of nerson ciamina)	