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R. WH!TE OCT 2 4 2019



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MANIMAL LAN	D CO., INC.				
DOCUMENT NUMI						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Steven Cohen					
		Name of Contact Person	on			
	MANIMAL LAND CO., INC.					
		Firm/ Company				
	11 S Swinton Ave, Ste C					
		Address				
	Delray Beach, FL 33444					
		City/ State and Zip Co	de			
scohe	en@manimalland.com					
<u></u>	~	sed for future annual repor	rt notification)			
	, , , , , , , , , , , , , , , , , , , ,		,			
For further informatio	n concerning this matter, pleas	se call:				
Steven Cohen		, 954	646-0135			
Name	of Contact Person	at (Area C	ode & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			t_Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327			ion of Corporations on Building			
Tallahassee, FL 32314			Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MANIMAL LAND CO., INC.

of

2019 077 -7 Pii 4: 09

S02820	Corporation as Curren	tly filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		11 S Swinton Ave, Ste C	
Principal office address MUST BE A S		Delray Beach, FL 33444	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11 S Swinton Ave, Ste C	
		Delray Beach, FL 33444	
). If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent			
	11 S Swinton Ave. Ste C	<u>,                                      </u>	
		strevi address)	
New Registered Office Address:	Delray Beach	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if cl hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
	Signature of Vince	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> <u>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>ŞV</u> <u>Şa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>v</u>	COHEN, DEBRA M	11 S Swinton Ave, Ste C
Add			Delray Beach, FL 33444
Remove			
2) X Change	<u>P</u>	COHEN, STEVEN E	11 S Swinton Ave, Ste C
Add			Delray Beach, FL 33444
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
·····	
<del></del>	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
September 10, 2019 Dated	
Signature Steven Cohen	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Steven Cohen	
(Typed or printed name of person signing)	*****
President	
(Title of person signing)	<del></del>