LUC UNIFURM BUSINESS REPURI (UBK) **FILED** May 16, 2002 8:00 am Secretary of State DOCUMENT # 797000109032 Opportunity Partners, Inc. 05-16-2002 90054 012 ***150.00 Mailing Address 2. Principal Place of Business 3. Mailing Address 22 Cactus Drive ZZ Cactus Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Keyl Key West 65-0801532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33040 USA 33040 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Koesser Street Address (P.O. Box Number is Not Acceptable) Cactus Drive Zip Code 33040 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Mary C. Roessen Mary Roesser <u>4-25-02</u> FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Greek Payable to Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Addition Mary C. Roesser NAME 27 Cactus Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key West FL 33040 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZiP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Rolater Mary C. Roesser 4-25-02 305-296-8269
PRINTED NAME OF SIGNING OFFICER OF DIRECTOR