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Division of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OPINICUS CORPORATION

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Corporate Filing Menu

Help

TO: Amendment Section

COYER LETTER

Division of Corp	porations		
NAME OF CORPO	RATION: OPINICUS Corpor	etion	
DOCUMENT NUM	IBER: M92595		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Ann T. Willaman		
		Name of Contact Person	
	OPINICUS Corporation	•	
		Firm/ Company	
	c/o Textron Inc., 40 Westmin	ster Street	
		Address	· · · · · · · · · · · · · · · · · · ·
	Providence, RI 02903		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
e-11/2	llaman@textron.com		
441		ed for future annual report	notification)
	L-men accress. (10 oc 10	to ke takaro ambar report	
For further informat	ion concerning this matter, pleas	se call:	
Ann T. Willaman		.401	457-2367
Nam	e of Contact Person	at (de & Daytime Telephone Number
Enclosed is a check	for the following amount made	naveble to the Florida Dece	artment of State:
Entonogen in it delects	tol the loneward miseaut mass	paymore to an a trainer super	
□ \$35 Filing Fee	□\$43.75 Filing Fee &	X \$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy
		enclosed)	(Additional Copy
		Cholosocy	is enclosed)
M	lailing Address	Street	Address
Amendment Section			Iment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassoc, FL 32301

Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

OPINICUS Corporation				
(Name of Corporation as currently filed with	the Florida Dent. of State)			
M92595 (Document Number of Corporati	ion (if known)	_		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the follow	ving amend	lment(s) te	3
A. If amending name, enter the new name of the corneration	m <u>:</u>			
OPINICUS Textron Inc.		The I	new	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevial	or "Co". A professional corporation name mu	abbrevia st contain	llon the	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	(Not applicable)	_		
, , ,	-	 :	ಪ	
•			C >	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Not applicable)		8 33	·
				7
	. =		32 (
D. If amending the registered agent and/or registered office new registered office ad			1: 29	
Name of New Registered Agent (Not applicable)				
(Flor	ido street address)			
New Registered Office Address:	. Florida			
	(City) (Zlp Code)			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position	n.		
Signature of New Regist	tered Agent, if changing			

If amending the Officers and/or Directors, eater 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, Safty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	¥	Mike Iones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Chenge		(Not applicable)	
Add			
Remove			
2) Change		(Not applicable)	
Add			
Remove			
3)Change		(Not applicable)	
Add			
Remove			
4) Change		(Not applicable)	
Add			
Remove			
5)Change		(Not applicable)	
Add			
Remove			
6) Change	·	(Not applicable)	
Add			
Remove			

	rticles, enter change(s) here:). (Be specific)
ot applicable)	
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- 	
	
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<u> </u>	
If an amendment provides for an ex-	schange, reclassification, or cancellation of issued shares,
provisions for implementing the or	mentiment if not contained in the amendment itself:
)
ot applicable)	

The date of each amendment(s) adop	December 12, 2013	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(vating group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
December 18 Dated	3, 2013	
Signature	hum) J. Wieaman	
selected,	ector, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Ann T. Willaman	
_	(Typed or printed name of person signing)	
,	Assistant Secretary	
	(Title of person signing)	