P03000135036

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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Articles of Correction/ Name on

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: | OPNATIVE, INC | orporation) |
|-----------------------------------|---------------------------|--|
| DOCUMENT NUMBER: | P0300013 | • , |
| The enclosed Articles of Corr | ection and fee are s | submitted for filing. |
| Please return all corresponder | | - |
| r tease return an corresponder | ice concerning this | matter to the following. |
| J | OHN D. DENNI | SON if Person) |
| | (rame o | 11 Coolly |
| | (Name of Fir | m/Company) |
| | (1000001 | company) |
| 3 | 60 BELL BRAN | ICH LANE |
| | , | , |
| J | ACKSONVILLE (City/State a | FL 32259 |
| | | |
| For further information conce | rning this matter, p | olease call: |
| JOHN D. DENNI | SON at (| (904) 647_3344 |
| JOHN D. DENNI (Name of Person) | | (Area Code & Daytime Telephone Number) |
| | | |
| Enclosed is a check for the fo | Howing amount: | |
| | | • |
| □ \$35.00 Filing Fee | | ☐ \$43.75 Filing Fee & Certificate of Status |
| ☒ \$43.75 Filing Fee & | & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |
| Mailing Addr | ess: | Street Address: |
| Amendment Se | ection | Amendment Section |
| Division of Co P.O. Box 6327 | | Division of Corporations 409 E. Gaines Street |
| Tallahassee, Fl | | Tallahassee, Florida 32399 |

ARTICLES OF CORRECTION

for

| OPNATIVE, INC | |
|--|---|
| Name of Corporation as currently filed with | the Florida Dept. of State |
| P03000135036 Document Number (if Ki | nown) |
| Pursuant to the provisions of Section 607.0124 or 617.01 hese Articles of Correction within 30 days of the file da | 124, Florida Statutes, this corporation files te of the document being corrected. |
| These Articles of Correction correct <u>ARTICLES</u> C | F INCORPORATION (Document Type) |
| iled with the Department of State on 11/18/0 | of Document) |
| Specify the inaccuracy, incorrect statement, or defect: | و نوري ع |
| INCORRECT NAME OF CORPORATION - C | PNATIVE, INC. |
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| | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Samuel the ingerment incorrect statement or defects | |
| Correct the inaccuracy, incorrect statement, or defect: | NAMETUR THO |
| CORRECT NAME OF CORPORATION - OP | NATIVE, INC. |
| | THERE SHOULD BE A SPACE |
| | |
| | BETWEEN OF AND NATIVE |
| | |
| | * · · · · · · · · · · · · · · · · · · · |
| | |
| (Signature of a director, president or other office that been selected, by an incorporator - if in the lother court appointed fiduciary, by that fiduciary | r- if directors or officers have nands of the receiver, trustee, or y.) |
| • | |
| JOHN D. DENNISON (Typed or printed name of person signing) | INCORPORATOR (Title of person signing) |
| (1 ypou or printed martie or person signing) | (- ine or betoon organity) |

Filing Fee: \$35.00