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JUL 17 2017 R. WHITE

COVER LETTER

<u>;</u>,

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

KÀ

NAME OF CORPO	RATION: Opportunity Partn	ers Ent. Inc.	
	BER: P07000020606		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Temitope Balogun		
		Name of Contact Perso	n
		Firm/ Company	
600B Fairvilla RD			
	Address		
	Orlando FL 32808		
	, 	City/ State and Zip Coo	le
	E-mail address: (to be u	sed for future annual repor	t notification)
For further information	on concerning this matter, pleas	se call:	
Temitope Balogun		at (<u>407</u>	624-6921 ode & Daytime Telephone Number
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327	Ameno Divisio Cliftor	Address dment Section on of Corporations n Building
Tal	lahassee, FL 32314	2661 I	Executive Center Circle

Articles of Amendment to Articles of Incorporation

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OPPORTUNITY PARTNERS ENT, INC.	
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P07000020606	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "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 MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	N/A
(Florida s	treet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
Signature of New	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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Nekeisha Songie	618 E South St
Add			Suite 500
X Remove			Orlando FL 32801
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Art (Attach additional sheets, if necessary). 	(Ra spacific)
(Rusch daantonal sheets, if necessary).	(Be specific)
	N/A'
	
	
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nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	chance it not contained in the amendment reserve
,	.10
 	N/A
	'

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were sufficient	for approval
by	."
by(voting group)	
 The amendment(s) was/were adopted by the board of directors without sha action was not required. The amendment(s) was/were adopted by the incorporators without shareho action was not required. 	
7/8/2017 Dated	$Q_{\overline{\alpha}}$
Signature	Tell
(By a director, president or other officer - if director, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary)	
Temitope Balogun	
(Typed or printed name of per	rson signing)
President	
(Title of person si	gning)