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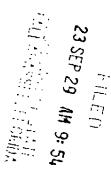
(Requestor's Name)
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(Address)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:HOPOP C	ORP
DOCUMENT NUMBER: \$\mathbb{q}\text{18000018788}	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
COREY LEVIN	TE
<del></del>	Name of Contact Person
COREY E. LEV	TNE, CPA PA
	Firm/ Company
15300 S. JOG R	D. SUITE 208
	Address
DELRAY BEAG	CH. FL 33446
<del></del>	City/ State and Zip Code
TAMI@MARC	USANDLEVINE.COM
•	ed for future annual report notification)
For further information concerning this matter, please COREY LEVINE	se call: 561 455-0360
Name of Contact Person	at () 453-9500  Area Code & Daytime Telephone Number
	, .
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of HOPOP CORP



## (Name of Corporation as currently filed with the Florida Dept. of State)

P18000018788

A ICamandian ages and the ages and a	f the companion.	
A. If amending name, enter the new name o	N/A	
	<u> </u>	The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp,' "chartered," "professional association," or th	"Inc," or "Co". A professional corpo	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
new registered agent and/or the new regi		r the name of the
		r the name of the
new registered agent and/or the new regi	istered office address:	r the name of the
new registered agent and/or the new regi		r the name of the
new registered agent and/or the new regi	istered office address:	. Florida
Name of New Registered Agent	istered office address:	
Name of New Registered Agent	istered office address:  (Florida street address)	. Florida
Name of New Registered Agent  New Registered Office Address:	(Florida street address)  (City)	. Florida
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	(Florida street address)  (City)	. Florida(Zip Code)
Name of New Registered Agent	(Florida street address)  (City)	. Florida(Zip Code)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	(Florida street address)  (City)	. Florida(Zip Code)

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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I)Change	VP	SEAN POSNER	15300 S. JOG RD, SUITE 208
Add			DELRAY BEACH, FL 33446
X Remove		-	
2) Change			
Add			
Remove 3 ) Change		<u> </u>	
Add			
Remove		-	
4) Change			
Add			
Remove		-	
5) Change			<u></u>
Add			
Remove		-	
6) Change			
Add			
Remove			

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i <u>n amendment pr</u> ovides for	r an exchange, reclassif	ication, or cancellatio	n of issued shares,	
covisions for implementing	the amendment if not	contained in the amer	dment itself:	
(if not applicable, indicate	e N/A)			
	<u> </u>			
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		<u></u>	<u>.                                    </u>	
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The date of each amandment(s) a	dontion:	JANUARY 1, 2023	, if other than the
The date of each amendment(s) a date this document was signed.	uoptiun:		, if outer than the
Effective date if applicable:			
	(no more the	an 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		pplicable statutory filing requirements ds.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adaction was not required.	opted by the incorporators	, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were st		The number of votes cast for the ame	endment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders each voting group entitle	s through voting groups. The following d to vote separately on the amendmen	g statement ((s):
"The number of votes cast	for the amendment(s) was	s/were sufficient for approval	
by			
	(voting group)		
Dated	9-28-2	<u>'3</u>	
Signature			
sclecte		officer – if directors or officers have t in the hands of a receiver, trustee, or o iary)	
	MICHAEL HORVIT	Z	
	(Typed or prin	nted name of person signing)	
	PRESIDENT		
	(Title of perso	on signing)	<u></u>