Division of Corporations: Public Access System

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To:

Division of Corporations

Fax Number

: (850).617-6380

From:

: LEGALZOOM.COM INC. Account Name

Account Number

: I20010000062 : (323) 962-8600

Phone

Fax Number

: (323).962~3889

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

WILLIAMS & HOPE CORPORATION

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$35.00

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WILLIAMS & HOPE CORPORATION						
DOCUMENT NU	мвек: <u>Р9700042</u>	356				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all co	rrespondence concerning thi	s matter to the following:				
Tony Burroughs (Name of Contact Person)						
	<b>(******</b>	,				
	Legalzoom.com, Inc.					
	(Firm/ Company)					
7083 Hollywood Blvd. Ste. 180						
		(Address)				
*****		ngeles, CA 90028				
(City/State and Zip Code)						
For further informa	tion concerning this matter,	please ca <u>ll:</u>				
Tony Burroughs		at ( 323 ) 962-860	0 ue Telephone Number)			
(Name of Contact Person)		(Area Code & Daytin	ie Telephone Number)			
Enclosed is a check	for the following amount m	nade payable to the Florida De	partment of State:			
<b>[7</b> ]\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee & Cartified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center C				

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently f	E CORPORATION  Iled with the Florida Dept. of State)	
P970000	42356 Corporation (if known)	
ant to the provisions of section 607.1006, Floring amendment(s) to its Articles of Incorporation		eration add
f amending name, enter the new name of the c	orporation:	
OPE Business Development, Inc.		
new name must be distinguishable and co orporated" or the abbreviation "Corp.," "Inc., ". A professional corporation name mus ciation." or the abbreviation "P.A."	" or Co.," or the designation "Corp,"	" "Inc. " o
Enter new principal office address, if applicable	· 4	
icipal office address <u>MUST BE A STREET AD</u> I		
Enter new mailing address, If applicable:	NO.	
Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
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f amending the registered agent and/or register	rad office address in Electric enter the	name of t
f amending the registered agent and/or registered agent and/or registered agent and/or the new registered	red office address in Florida, enter the	name of t
new registered agent and/or the new registered	red office address in Florida, enter the office address;	name of t
f amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:	red office address in Florida, enter the office address:	name of t
	office address:	name of t
new registered agent and/or the new registered	red office address in Florida, enter the office address;  (Florida street address)	name of t
new registered agent and/or the new registered  Name of New Registered Agent:	office address:  (Florida street address) , Flor	rida
Name of New Registered Agent:	office address:  (Florida street address) , Flor	name of t
Name of New Registered Agent:  New Registered Office Address:	office address:  (Florida street address)  , Florida (City)	rida
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Reg	office address:  (Florida street address)  , Florida (City)  (Zistered Agent:	rida lip Code)
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered agent the appointment as registered agent	office address:  (Florida street address)  , Florida (City)  (Zistered Agent:	rida lip Code)
Name of New Registered Agent:  New Revistered Office Address:	office address:  (Florida street address)  , Florida (City)  (Zistered Agent:	rida lip Code)
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Regretly accept the appointment as registered agention.	office address:  (Florida street address)  Flor  (City)  (zistered Agent:  I am familiar with and accept the	rida lip Code)
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered agent accept the appointment as registered agent ion.	office address:  (Florida street address)  , Florida (City)  (Zistered Agent:	rida lip Code)
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Name of New Registered Agent:  New Revistered Office Address:  Registered Agent's Signature, if changing Registered agent accept the appointment as registered agent ion.	(Florida street address)  (Florida street address)  , Flor (City) (Zistered Agent: I am familiar with and accept the acce	rida lip Code)
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ew registered agent and/or the new registered  Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Regeby accept the appointment as registered agention.  Signature	(Florida street address)  (Florida street address)  , Flor (City) (Zistered Agent: I am familiar with and accept the acce	rida lip 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)

Title	Name	Address	Type of Action
			D Add
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	additional sheets, if necessary). (Be sy		···
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F. <u>Ifani</u>	amendment provides for an exchange, sions for implementing the amendmen	reclassification, or cancell	ation of issued shares,
HEAA!	not applicable, indicate NA)	I I not contained in the an	ienament usen:
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			***************************************
	•	Page 2 of 3	

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