## P15000012998

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DOTFilings.com, I	nc.			
DOCUMENT NUMB	ER: P15000072998		<del></del>		
	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this matt	ter to the following:			
	Uliana Bogash				
-	Name of Contact Person				
	DOTFilings.com, Inc.				
•		Firm/ Company			
:	515 East Las Olas Blvd Suite 120				
•	Address				
	Fort Lauderdale, FL 33301				
-		City/ State and Zip Code	e		
kevin	@authorityregistration.com				
	<del>-</del>	ed for future annual report	notification)		
For further information	concerning this matter, please	e call:			
Kevin Rea		at (	761-7308		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	ayable to the Florida Depo	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)		
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 Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DOTFilings.com, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000072998 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BOC3 Services, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 Doc, 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name 1 a	<u>Addres</u> s
1) Change		_ N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			<del></del>
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if neces	<u>al Articles, enter change</u> sarv) (Be specific)	e(s) here:		
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IV_/A		<u>-</u> .		_
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F. If an amendment provides for a	in avehunge reelaccifica	tion or cancellation of	iccued chares	
provisions for implementing the	he amendment if not con	tained in the amendme	nt itself:	
(if not applicable, indicate	V/4)			
N/A	<u></u>			
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The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.		
Effective date if applicable:	ore than 90 davs after amendment fil	to June
(no me	ore man 90 aays after amenament fit	e uniej
<b>Note:</b> If the date inserted in this block does not meet document's effective date on the Department of State's r		rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval		he amendment(s)
☐ The amendment(s) was/were approved by the sharehomust be separately provided for each voting group e	olders through voting groups. The formatitled to vote separately on the ame	ollowing statement endment(s):
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by(voting grot		
(voting grot	up)	
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted by the incorpor action was not required.	rators without shareholder action and	l shareholder
September 11, 2018 Dated	<b></b>	
Simonom	(b)	
	other officer – if directors or officers or – if in the hands of a receiver, truste I fiduciary)	
Uliana Bogash		
(Typed o	or printed name of person signing)	<del></del>
President		
	(Title of person signing)	

• . .