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SECRETARY OF SINES
INLLAHASSEE FLORIDA





## **COVER LETTER**

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: BOCA	Pital E	XPress Inc.
DOCUMENT NUMBER	R:	00014007	<del>)</del>
The enclosed Articles of	Amendment and foe are sub	mitted for filing.	
Please return all correspo	ndence concerning this matt	ter to the following:	
	E)	i Amsa	lem
		Name of Contact Person	1
		Firm/ Company	0 - 1
		7158 N)	. 15 erasasa way
_	B	ou Ruter	. Berasasa huy
	·	City/ State and Zip Code	C
	cer		seall con
•	E-mail address: (to be use	d for future annual report	notification)
For further information co	oncerning this matter, please	call:	
Name of G	Ansalem Contact Person	at (561	750-0088
			de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	syable to the Florida Depa	urtment 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)
Malling Address			Address
	nent Section n of Corporations		ment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton	Building
1 41/8/183	1500, FL 32314		xecutive Center Circle Issee, FL 32301

## Articles of Amendment

	to			
	Articles of Incorporation			
B	orn Pita		s Inc	
(Name of Corporation as currently	filed with the Florida Dent	of State)		
Po3	3 000 14007	<del>)</del>		
(Document Number of	of Corporation (if known)		<u> </u>	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Pro</i>	fit Corporation adopt	s the following an	nendment(s) to
A. If amending name, enter the new name of the c	corporation:			
	<del></del>			e new
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	e abbreviation "P.A."	ofessional corporation	n name must cont	ain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		da, enter the name o	f the	
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	

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



Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove, Example:	ector title by the fir President; T= Trea: Chief Financial ( r, Director would be in the following ma wes the corporation and Sally Smith, S	surer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more the e PTD. Inner. Currently John Doe is listed as the P. Sally Smith is named the V and S. These sh V as an Add.	istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is sould be noted as John Doe, PT as a Change,
X.Change	PT John Doc		
X Remove	<u>V</u> <u>Mike Jon</u>	<u>les</u>	
_X Add	SV Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Eli Amsalem	7158 N. Beracusa Wa
Add			Dow Raton, FL 33433
Remove			
2) Change	ρ	Avranam Amsalom	M 7158 N. Beracusau. Bora Parker EL 35433
Remove  3) Change  Add  Remove	VP	Sulamet Amsalen	
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
5) Change Add Remove	<u> </u>		
6) Change Add Remove	<del></del> .		

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:

	al sheets, if necessar	Articies, enter c ry). (Be specifi	<u>hange(s) here</u> :  c)		
<u>-</u>					
	<del> </del>				
			MATERIAL PROPERTY OF THE PARTY		
·····					
		<del></del>			
	***************************************				
	nt provides for an e implementing the a licable, indicate N/A	amendment if no	sification, or car or contained in th	cellation of issue re amendment its	d shares. elf:
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visions for	ilcubie, indicale 147A	· · · · · · · · · · · · · · · · · · ·	The state of the s	<u>,</u>	
ovisions for	ilcoois, maicas IVA				
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visions for	ilcoois, maicas IVA				
visions for	ilcoois, maicas IVA				

The date of each amendment(s) adoption: \( \lambda - 27 - 15 \) date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01-27-2015	
Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Aviahon Amsalem me of person signing)	<u> </u>
President	
(Title of person signing)	