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Certified Copies Certificates of Status		
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BOXA RA	TON REAL ESTATE	SERVICES	Corp
DOCUMENT NUMBER: PØ899	ØØØ3474		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Kiki Angie (Name of C	Contact Person)		
Brca RATON REAL (Firm/	ESTATE SERVICES Company)	Corp	
7491 N. FEDERAL	Huy, C-12		
BOCA RATON (City/ State	F. 332487 and Zip Code)		
For further information concerning this matter, ple	ease call:		
KIKI Angel (Name of Contact Person)	at (267 lephone Number)	
Enclosed is a check for the following amount:			
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy is enclosed)	tus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of ∂A_{r_r}
BOCA RATION REPORTED SERVICES CORPAGED (Name of corporation as currently filed with the Florida Dept. of State)
Name of corporation as currently filed with the Florida Dept. of State) POSCOCIO COCO COCO STATE POSCOCIO COCO COCO COCO COCO COCO COCO CO
(Name of corporation as currently fried with the Florida Dept. of State)
(Document number of corporation (if known)
cursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
dopts the following amendment(s) to its Articles of Incorporation:
VEW CORPORATE NAME (if changing):
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A."
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s
nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
400 OFFICER:
KIKI ANGIER - PRESIDENT
• • •
7491 N. FEDERAL HWY, C-12
BOCA RATION, FZ 33487
·
·
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision implementing the amendment if not contained in the amendment itself: (if not applicable, indicate it
· mpromoning are antenament it not commind in the amendment ment, in not applicable, indicate in
·

(continued)

The date of each amendment(s) adoption: 2/13/08
Effective date if applicable:
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
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.
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)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35