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INCLUDED STATES OF STATES

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	ION: EPOCA INTE	ERNATIONAL, INC.			
DOCUMENT NUMBER	D1100005155	7			
The enclosed Articles of A	mendment and fee are su	ubmitted for filing.			
Please return all correspond	dence concerning this ma	, itter to the following:			
	Steven Melzer				
		Name of Contact Person			
	Epoca Internationa				
		Firm/ Company			
	931 Clint Moore Rd.				
	Address				
	Boca Raton, FL 33487				
 -		City/ State and Zip Code			
	Steven.Melzer@B	Spoca.com			
	-	sed for future annual report r	notification)		
For further information cor	ncerning this matter, pleas	se call:			
Steven Melzer		at (353-3930		
Name of Co	ontact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depar	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fce & 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			Address ment Section n of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EPOCA INTERNATIONAL, INC

EFOCA INTER	MATIONAL, INC.			
(Name (of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P11000051557				
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendment(s) to	
If amending name, enter the new na	nme of the corporation:			
N/A			The new	
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address,	if applicable:	931 Clint Moore Rd.		
	rincipal office address MUST BE A STREET ADDRESS)			
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		931 Clint Moore Rd.	
		Boca Raton, FL 33487		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			me of the	
	931 Clint Moore Rd.			
	(Florida s	treet address)		
New Registered Office Address:	Boca Raton		33487	
New Registered Office Address.		(City)	(Zip Code)	
lew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familia	nt: r with and accept the obligation	Extension Control	
N/A			AREA PER 2	
	Signature of New	Registered Agent, if changing	F 1: 02	

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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.				
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change	<u> </u>			
Add				
Remove				
3) Change	<u> </u>			
Adđ				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	****			
Add				

____ Remove

E. If amending or adding addition (Attach additional sheets, if nece	nal Articles, enter chai	nge(s) here:		
N/A				
			,	
				<u>, , , , , , , , , , , , , , , , , , , </u>
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				·
			. ,	
F. If an amendment provides for provisions for implementing to (if not applicable, indicate N/A	he amendment if not c	cation, or cancellation ontained in the amen	on of issued shares, adment itself:	
				· · · · · · · · · · · · · · · · · · ·
			•	
and the second s				
		<u> </u>	,	 ,
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	9/23/2016	
The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if annlicable.	9/23/2016	
Effective date if applicable:	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	ollowing statement endment(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 ado action was not required.	pted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ado	pted by the incorporators without shareholder action and	shareholder
action was not required. Dated 2/	21/2017 Mu2	
Signature(By a d	rector, president or other officer – if directors or officers	s have not been
selected	I, by an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	
	Steven Melzer	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	