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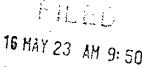
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Bohiqinc.		
DOCUMENT NUMBER: P1600001294		
The enclosed Articles of Amendment and fe		
Please return all correspondence concerning	this matter to the following:	
AnthonyCatoni		
	Name of Contact Person	n
<del></del>	Firm/ Company	
207 Royal Liverpool	Lane	
	Address	
Orlando,FL 32828		
<del> </del>	City/ State and Zip Cod	e
acatoni@bohiq.com		
E-mail address: (	to be used for future annual report	notification)
For further information concerning this matter	er, please call:	
Anthony Catoni	at (407	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Depa	artment of State:
\$35 Filing Fee		□\$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	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



	01	19 11 23 AM 9: 5
BOHIQ INC.		· 457.63 . ** ~
(Name of Corpor	ation as currently filed with the Fk	orida Dept. of State
P16000012940		- Convig
(Doc	cument Number of Corporation (if known	own)
Pursuant to the provisions of section 607,1006, Flor is Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment
. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or to	orp," "Inc," or "Co". A profession	r "incorporated" or the abbreviation nal corporation name must contain the
3. Enter new principal office address, if application	ble:	
Principal office address <u>MUST BE A STREET A</u>		
Enter new mailing address, if applicable:	PLATE I	
(Mailing address <u>MAY BE A POST OFFICE )</u>	<u> </u>	
		<del></del>
). If amending the registered agent and/or regis	stered office address in Florida, ent	er the name of the
new registered agent and/or the new registere		
Name of New Registered Agent		
Name of New Registered Agent		
<del></del>		<u></u>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		
hereby accept the appointment as registered agent	<ol> <li>I am familiar with and accept the</li> </ol>	obligations of the position.
C.	innature of New Penistered Anent if i	chanaina

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 <math>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.

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	P	AnthonyCatoni	207 Royal Liverpool Lane
Add			Orlando,FL 32828
Remove			
2) Change			
Add			
Remove			
3 ) Change	<u> </u>	<del></del>	
Add			
Remove			
4)Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	groups. The following statement tely 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 sha action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated D5/20/16	
(By of director, president or other officer - if directed, by an incorporator - if in the hands of a	
appointed fiduciary by that fiduciary)	receiver, austre, or other court
Anthony Car	TONI
(Typed or printed name of per	son signing)
President lo	runer
(Title of person signal	gning)