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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION:	HOKEN CORP	
DOCUMENT NUMBER	t:	P18000054284	
The enclosed Articles of A	Amendment and fee are su	ıbmitted for filing.	
Please return all correspoi	ndence concerning this ma	atter to the following:	
		RAFAEL ALMANZAE	₹
		Name of Contact Perso	n
	ALMA	NZAR ACCOUNTING SI	ERVICES INC
		Firm/ Company	
9700 NW 4TH LN			
-		Address	
·		MIAMI, FL 33172	
		City/ State and Zip Cod	e
	ALMANZARA	ACCOUNTING@HOTMA	IL.COM
	E-mail address: (to be us	sed for future annual report	notification)
	ncerning this matter, pleas	2.	732-1864
Name of Contact Person		at (954 Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	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)
Amendr Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

HOKEN CORP

to

(Name of Corporat	ion as currently filed with the Florida Dept. of	State)
	P18000054284	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopt	s the following amendment(
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicabl		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	
		70 Z
•	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	3
		ै । ऽ • ७
D. If amending the registered agent and/or registered new registered agent and/or the new registered		<u>f the</u>
Name of New Buriet and Language		
Name of New Registered Agent		
	(Florida street address)	
	[1 fortun street taker ess)	
New Registered Office Address:	, Flo	orida (Zip Code)
	(City)	(Esp Cont)
New Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of	the position.
Sim	nature 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 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	RANGEL, JORGE I	140 S DIXIE HWY APT 706
X Add			HOLLYWOOD, FL 33020
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
•	
•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more that	n 90 days after amendment file date)	
Note: If the date inserted in this bodocument's effective date on the Dep		plicable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were suf		The number of votes cast for the amendment(s)	
		through voting groups. The following statemen to vote separately on the amendment(s):	t
"The number of votes cast i			
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directo	ors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	oted by the incorporators w	vithout shareholder action and shareholder	
AUGUST 3 Dated	. 2018		
Signature	14/1		
(By a di	rector president or other o	fficer – if directors or officers have not been	
	l, by an incorporator – if in ed fiduciary by that fiducia:	the hands of a receiver, trustee, or other court irv)	
	,	NTANEZ SERRANO	
-	(Typed or printe	ed name of person signing)	
	P	RESIDENT	
-	(Tit	lle of person signing)	