State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF REGISTRATION

OF

FAMILY OFFICE VENTURE CAPITAL, INC.

File Number C 212134

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Foreign Registration to reflect the name change from FAMILY OFFICE VENTURE CAPITAL, INC. to **STOKENS, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: August 15, 2017

THE STATE OF OUR PROPERTY.

SECRETARY OF STATE



AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

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SECRETARY OF STATE

| | | Fig. 10 - 15 J. Self of the First 150 |
|---------------------------------------|--------------------------------------|----------------------------------------------------|
| 1. Entity name: Family Office Ve | enture Capital, Inc. | |
| 2. The entity name is amended to: | Stokens, Inc. | |
| z. The entity hame is amended to | | |
| a. If the new name is not availab | le or permissible in Idaho, the | e name to be used in Idaho is: |
| | | |
| | | |
| 3. The entity type is amended to: | | |
| ☐ Business Corporation | ☐ General Partnership | |
| ☐ Nonprofit Corporation | General Cooperative Association | |
| ☐ Limited Liability Partnership | | |
| ☐ Limited Liability Company | • | ness trust, or Common-law business trust |
| ☐ Other: | (Provide unlisted fore | eign entity type here) |
| | | |
| . The entity's jurisdiction is amende | ad to: | |
| . The entity's jurisdiction is amende | , u to: | |
| The street and mailing address of | a) of its principal office is amo | andod to: |
| . The street and mailing address(es | s) of its principal office is affice | sindeg (o. |
| (Street Address) | | |
| (Street Address) | | |
| (Marilian Address of different) | | |
| (Mailing Address, if different) | | |
| | | |
| . The name, capacity, and mailing | address of the governor(s) is | amended to: |
| | | |
| (Name) | (Capacity) (Address) |) |
| | (0 1) (0 - 1) | A |
| (Name) | (Capacity) (Address) |) |
| | | |
| | | |
| Typed Name: Bethany L Gotts | | <u> </u> |
| 7 0 / | | 5 IDAHO SECRETARY OF STATE |
| Signature: | 1/2 | 8 08/15/2017 05:00 8 CK:21 CT:332406 BH:1598349 |
| orginature. | | IDAHO SECRETARY OF STATE |
| COO | | ≥ 10 20.00 = 20.00 EXPEDITE C #3 |

Capacity: CC

0212134



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "STOKENS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016, AT 2 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF JUNE, A.D. 2016, AT 11:28 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SMARTCONTRACT EXCHANGE, INC" TO "FAMILY OFFICE VENTURE CAPITOL, INC.", FILED THE FIFTEENTH DAY OF JUNE, A.D. 2016, AT 11:28 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FAMILY OFFICE VENTURE CAPITAL, INC.",

FILED THE TWENTY-FIFTH DAY OF JULY, A.D. 2016, AT 6:21 O'CLOCK P.M.

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Authentication: 203017091

Date: 08-07-17



CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FAMILY OFFICE VENTURE CAPITAL, INC." TO "STOKENS, INC.", FILED THE TWELFTH DAY OF JULY, A.D. 2017, AT 6:36 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "STOKENS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOKENS,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at sora delaware gov/aut

Authentication: 203017091

Date: 08-07-17