N1000001487

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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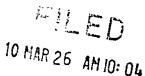
TO HAR 26 AM 10: OL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Skillz Enter	ainment, Inc	
DOCUMENT I	NUMBER: <u>N10000001487</u>		·
The enclosed Ar	ticles of Amendment and fee are	submitted for filing.	
Please return all	correspondence concerning this r	natter to the following:	
**		eith Roberts	
	(Name	of Contact Person)	
_	SKI112 Enterto	inment, Inc	
	(F	rm/ Company)	
	P	O Box 9073	
-		(Address)	···
	Coral	Springs, FL 33065	
-		State and Zip Code)	
_	E-mail address: (to be	sed for future annual report notification	on)
For further infor	mation concerning this matter, ple	rase call:	
Keith Roberts	;	at (954) 854-0688	
(1)	lame of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a che	eck for the following amount mad	e payable to the Florida Department of	State:
☑ \$35 Filing Fe	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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center C Tallahassee, FL 32301	ircle

Articles of Amendment Articles of Incorporation



Skillz E	ntertainment	, Inc 🕟 🚟	LAMACON STATE
(Name of Corporation as curi	ently filed with	the Florida Dept. o	of State) FLORIDA
N10	000001487		
(Document Nu	mber of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I A. If amending name, enter the new name of the section of th	ncorporation:		For Profit Corporation adop
A. If amending hame, enter the new hame (or the corporatio	<u>n.</u>	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company"			
B. Enter new principal office address, if ap-	nlicable:	8950 NW 45th	Ct.
(Principal office address <u>MUST BE A STREA</u>		Coral Springs,	FL 33065
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		PO Box 9073	
	ì	Coral Springs, I	FL 33065
D. If amending the registered agent and/or new registered agent and/or the new reg			a, enter the name of the
Name of New Registered Agent:	Ke	ith Roberts	
New Registered Office Address:) NW 45th Ct	
	Co	ral Springs	, Florida 33065
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u> /D_	Keith Roberts	8950 NW 45th Ct Coral Springs, FL 33065	☑ Add □ Remove
VP/	Kevin McEachron	9953 Nob Hill PL Sunrise, FL 33351	
E. If amend	ling or adding additional Articles Iditional sheets, if necessary). (Bo	, enter change(s) here: e specific)	
		114.4	
	1-1		

The date of each amendmen	t(s) adoption: March 11, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_3/11 Signature	1/2010 1/1.1/ Colin 10
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Keith Roberts
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Current Titles

Title C ROBERTS, IRMA D 8950 NW 45 CT CORAL SPRINGS FL 33065

Title VC BONNER, AMOS 10380 NW 42ND DRIVE CORAL SPRINGS FL 33065

Title D SANTIAGO, NELSON DR 8950 NW 45TH CT CORAL SPRINGS FL 33065

Title D BARBEE, MARK R 1426 LORING AVE BROOKLYN NY 11203

Title D MCDONALD, COLIN 11821 NW 36TH PLACE SUNRISE FL 33351

Current Titles

Title C ROBERTS, IRMA D 8950 NW 45 CT CORAL SPRINGS FL 33065

Title VC BONNER, AMOS 10380 NW 42ND DRIVE CORAL SPRINGS FL 33065

Title D SANTIAGO, NELSON DR 8950 NW 45TH CT CORAL SPRINGS FL 33065

Title D BARBEE, MARK R 1426 LORING AVE BROOKLYN NY 11203

Title D MCDONALD, COLIN 11821 NW 36TH PLACE SUNRISE FL 33351

Updated Title Changes & Additions

Title: **Pres**Keith S. Roberts
8950 NW 45th Ct
Coral Springs, FL 33065
keith_s_roberts@yahoo.com

Title: Vice Pres.
Kevin Mc Eachron
9953 Knob Hill Place
Sunrise, FL 33351
kmceachron@yahoo.com

Title Chair / Sec.
ROBERTS, IRMA D
8950 NW 45 CT
CORAL SPRINGS FL 33065

Title Vice Chair / Trees.
BONNER, AMOS
10380 NW 42ND DRIVE
CORAL SPRINGS FL 33065

Title ⊅
SANTIAGO, NELSON DR
1835 E. Hallandale BCH Blvd #704
Hallandale Beach Blvd, Florida 33009

Title D
BARBEE, MARK R
1426 LORING AVE
BROOKLYN NY 11203

Title D MCDONALD, COLIN 11821 NW 36TH PLACE SUNRISE FL 33351 Title D Blake Roberts

11821 NW 36 Place

Sunrise, Florida 33351

954-729-9894

Title 🗘 **Edward Roberts**

107 Commons Way

Somerset, NJ 08873

Title Officer (Remove)
Jeffrey Jacques

5100 SW 10CT

Margate, Florida 33068