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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN EDWARD J LIPOWSKI, INC.

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C. GOLDEN

NOV 03 2017

## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION:	SKI, INC.			
N17000008554 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	fued for filing.			
Please return all correspondence concerning this matter	to the following:			
Cheye	nne Moseley			
-	(Name of Contact Person	)		
Legalzo	oom.com, Inc.			
	(Firm/ Company)			
101 N. Bran	ed Blvd., 11th Floor			
	(Address)			
	ete, CA 91203			
(City/ State and Zip Code)				
Dallasreed41@gmail.com	Dallasreed41@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please of		ounday,		
Cheyenne Moseley	800	773-0888 ext. 9724		
(Name of Contact Person)	at (at (	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:		
S35 Filing Fee S43,75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle (ssee, F1, 32301		

FILED

2017 NOV -2 AH 8: 57

Articles of Amendment to Articles of Incorporation

The State of the FLORIE?

EDWARD J LIPOWSKI, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N17000008554	_
(Document Number of Corporation (if known)	

A. If amending name, enter the new name o		
EDWARD J LIPOWSKI FOUNDAT		The ne
name must be distinguishable and contain the "Company" or "Co," may not be used in the	word "corporation" or "inc name.	orparated" or the abbreviation "Carp." or "Inc.
B. Enter new principal office address, if api (Principal office address <u>MUST RE A STREI</u>	plicable: ET ADDRESS )	
C. Enter new mailing address, if auplicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent und/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent;		
New Registered Office Address:	(Florida street)	address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiæ with a	nd accept the abligations of the position.
	gnature of New Registered A	

Page 1 of 4

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 officeridirector 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 = ChiefExecutive 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, Alike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John D           V         Mike h           SV         Sally S	DNES CONTRACTOR OF THE PROPERTY OF THE PROPERT	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change			
Add			
2) Change	<del></del>		
Add			
3 ) Chunge			
Remove			
4) Change Add			
Remove			
5) Change Add		<u></u>	
Remove			
6) Change	<del></del>		
Remove			

(attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary).	(ни гресилс)		
		<u> </u>	
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		<del></del>	
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			<del></del>

Page 3 of 4

		, if other than the
The date of each amendment(s) add date this document was signed.	ption:	
Effective date if upplicable:	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- was/were sufficient for approva	opted by the members and the number of votes east for the amendment( $s$ ).	
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated LO-6	gon beed	
(By the chain have not bee	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	JASON F REED	
<del> </del>	(Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	