P13000001927

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Amend 13.14

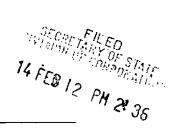
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SKILLIONA	IRE INC				
DOCUMENT NUMBER: P1300006192					
The enclosed Articles of Amendment and fee are sub					
Please return all correspondence concerning this matt	er to the following:				
PETE SKILLING					
, , , , , , , , , , , , , , , , , , , ,	Name of Contact Person				
SKILLIONAIRE IN	IC				
	Firm/ Company				
5291 NW 117TH	AVE				
	Address				
CORAL SPRINGS FLORIDA 33076					
City/ State and Zip Code					
KSKILLING@ACQUIRESERVICEGROUP.COM					
E-mail address: (to be used for future annual report notification)					
	•				
For further information concerning this matter, please	e call:				
PETE SKILLING at (954) 850-5606					
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	wayable to the Florida Department of State:				
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



SKILLIONAIRE INC

(Name of Corporation as currently filed with the Florida Dept. of State)
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P13000061927

(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corp	poration adopts the following	; amendmen
A. If amending name, enter the new na	me of the corporation:	•		
,				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "(Co" A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4700 W PROSPECT ROAD 115		
		FT LAUDE	ERDALE, FL 33309	
		. 		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5291 NW	117TH AVE	
		CORAL SE	PRINGS, FL. 33076	
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	<u>:</u>	ter the name of the	
Name of New Registered Agent	PETE SKILLING			
	4700 W PROSE	PECT RD 1	15	
New Registered Office Address:	(Florida stre	,		
	FT LAUDERDALE		, Florida_33309	
	(City)		(Zip Code)	
New Registered Agent's Signature, if continued in the I hereby accept the appointment as registered.	hanging Registered Agent: ered agent. I am familiar w	with and accept the		
	total Ste			

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:		ny omin, or as an naa.	
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>	Address
1) Change	Р	KIRK SKILLING	5291 NW 117TH AVE
Add			CORAL SPRINGS FL 3307
Remove			
2) Change	PT	PETE SKILLING	5291 NW 117TH AVE
Add			CORAL SPRINGS, FL 3307
Remove			
3) Change			4 8 8 8 4 6 6 6
Add			
Remove		,	
4) Change	 	<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additie</i>	onal sheets, if neces	sary). (Be spec	rific)			
	<u> </u>				. :	
		 				
						
						
						
				<u> </u>		
an amendi	nent provides for :	in exchange, rec	<u>lassification, o</u>	r cancellation of	issued shares,	
rovisions f	<mark>or implementing t</mark> pplicable, indicate	<u>ne amendment i</u> N/4)	f not contained	in the amendme	<u>nt itself:</u>	
(1) 1101 12	ppricusie, maicare	WA)				
						
						
	_					
	· ·· ·					

The date of each amendment(s) add date this document was signed.	Option: <u>02/07/2014</u>	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_02/07/20	14	
Signature	Wick Abolt	
(By a din selected	rector resident or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	KIRK SKILLING	
-	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	