P15000019758

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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APR 17 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Skingenixx, Inc. DOCUMENT NUMBER: P150000 19758					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Brent Schillage Esq. Name of Contact Person Attorne Firm/Company 101 Plaza Rea 1 S. Address Boca Rator FL 33432 City/State and Zip Code bschillage @ hotmail.com E-mail address (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Brent Schilage at (813) 546.0779 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Oringenixx, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P150000 19 7 58	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	<u> </u>
A. If amending name, enter the new name of the corporation:	FILI APR 16
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevious "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ste. 201 Boxa Raton FL 334	તું° 3(
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Loxabatchee, FL 3347	th
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Incorp. Services Inc.	
17888 67th Court North	
New Registered Office Address: Loxa hatchee Florida 33470 (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 4

(please sec back)

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 John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Brent Schillage	101 Plaza Real South Boca Raton, FL 33432
Remove 2) Change Add	P	Josh Carlucci	101 Plaza Real South Boca Raton, FL 33432
Remove 3) Change Add			
Remove 4) Change Add Remove	MGR	Christopher Myers	2700 N. Military Tril Boca Peten, FL 33431
5) Change Add Remove			
6) Change Add Remove			

[f amending or adding additional Articles, enter change(s)	<u>) here</u> :
Attach additional sheets, if necessary). (Be specific)	
	·
If an amendment provides for an exchange, reclassificatio	on, or cancellation of issued shares,
provisions for implementing the amendment if not contain	ined in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: When Signed	, if other than th
Effective date if applicable: when filed	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4 10 15	
Signature John	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Josh Carlucci	
(Typed or printed name of person signing)	
President	
(Title of person signing)	