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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section

Division of Corpora	tions			Ċ
NAME OF CORPORA	TION: Reels	Kinz, Corp 34422		 5
DOCUMENT NUMBE	P 150000	34422		
	Amendment and fee are su			
Please return all correspo	ondence concerning this ma			
		Name of Contact Persor	1	
	Reelskin	nz Cero / CE Firm/Company	0	
		• •		
	8920 SW 1	(19+errace, Pal	metto Bay, FL, 33	176
		Address		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2	
	0 100 0	~ 'I		
/	Leel SKINZO	Smail. Co sed for future annual report		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
Jennifor	Balseiro	at (_305_		
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle	
		rallaha	issee. FL 32301	

Articles of Amendment

to Articles of Inc	•	
Reelskinz."		
	y filed with the Florida Dept. of St	ate) 3
010000000000		<u>्</u>
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts th	ne following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation '	Co". A professional corporation n	
B. Enter new principal office address, if applicable:	8920 SW 149	terrace
Principal office address <u>MUST BE A STREET ADDRESS</u>)	8920 SW 149 Miami, FL, 32	5176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered of fice address Name of New Registered Agent		<u>ne</u>
(Florida str	reet address)	
New Registered Office Address:	, Floric	la.
Hew negistered Office nutriess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the	? position.

Signature of New Registered Agent, if changing

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</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u> </u>	Jon fjardner → please asign 12% ownership of Reelskinz, Corp	2608 NE 27th Turrace Fort Lauberthle, Fl., 33306
2) Change Add Remove	D	Daniel Barton → please asign 7% aunership of Reelskinz Corp	LOOR SE 6th St. Apt. 29, Ft Lauterdale, Fr. 33301
3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
у погаррисать, таксив мя)	
(у погаррисионе, таксине (УА)	
у погаррисате, такие (УА)	
у погаррисане, такие (УА)	
у погарунскоге, такие (УА)	
у пог арупсиоте, типсите (УА)	

The date of each amendment(s) adoption:	if other than th
Effective date if applicable: ASAP	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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)	
☐ 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.	
Signature (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)	
(Typed or printed name of person signing)	
(Title of person signing)	