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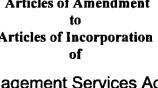


## **COVER LETTER**

**TO:** Amendment Section . Division of Corporations

NAME OF CO	RPOR	ATION: Emerg	gency Mar	nagen	nent Services Ac	gency, Inc
DOCUMENT	NUMB	ER: <u>N080000</u>	05394			
The enclosed A	rticles d	of Amendment and	l fee are subm	itted for	filing.	
Please return al	l corres	pondence concerni	ng this matter	to the f	ollowing:	
				D. Ha		
			(Name of Co	ontact P	erson)	
			StarPo	ower Ir	ic.	
			(Firm/ C	Compan	y)	
			3408 Roya	ıl Palm	Drive	
	-11		(Ad	dress)		<del></del>
	1	· .				
	N II	.) 	North Port, 1	Florida	34288	
	•		(City/ State	and Zip	Code)	
			ustamerica-			
<del>-</del>		E-mail address	: (to be used f	or futur	e annual report notification	ation)
For further info	rmation	concerning this m	atter, please c	all:		
Fred Hall		1		at (	941 ) 429-090	9 me Telephone Number)
(1	Name o	f Contact Person)			(Area Code & Daytin	ne Telephone Number)
Enclosed is a ch	neck for	the following amo	ount made pay	able to	the Florida Departmen	t of State:
☑\$35 Filing Fe		☐ \$43.75 Filing Certificate of Sta		Certif	,	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		· '. ,		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle	

### **Articles of Amendment** to **Articles of Incorporation** of



## **Emergency Management Services Agency, Inc**

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

#### N08000005394

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

the following amendment(s) to its Articles of Incor	poration:		
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>	
StarF	Power Inc		
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "C			porated" or the
B. Enter new principal office address, if applica		3408 Royal Palm Dr	ive
(Principal office address <u>MUST BE A STREET A</u>		North Port, Florida 3	4288
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	P.O. Box 7	
		Murdock, Florida 339	38-0007
D. If amending the registered agent and/or registered agent and/or the new register			r the name of the
Name of New Registered Agent:	F	red D Hall	
	3408 R	oyal Palm Drive	
New Registered Office Address:	(Flori	da street address)	•
	N	lorth Port	, Florida 34288
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered age position.		familiar with and accept	the obligations of the

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>	Address	Type of Action
<u>VP</u>	Alexandra L Hall	3408 Royal Palm Drive North Port, Florida 34288	
			<del></del>
E. If amen	nding or adding additional Articles additional sheets, if necessary). (Be	, enter change(s) here: e specific)	
<u></u>			
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The date of each amendmen	t(s) adoption: June 1, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) June 1, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wee 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_June	e 1, 2011
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Fred D Hall
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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