

**N22000008090**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

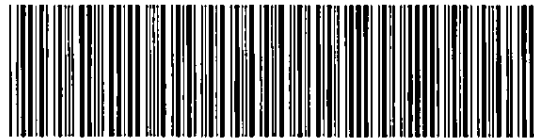
(Document Number)

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**J. HORNE**  
**AUG - 2 2022**

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08 AUG 22 10:00:00 AM 800391992478

U.S. DEPARTMENT OF JUSTICE  
FALL ARREST, FLORIDA

RECEIVED  
2022 AUG -2 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IMPOWER MOVEMENT INC

DOCUMENT NUMBER: N22000008090

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc A Saint-Pierre

(Name of Contact Person)

IMPOWER MOVEMENT INC

(Firm/ Company)

3832 Baymeadows Rd #330 Suite 10

(Address)

Jacksonville Florida 32217

(City/ State and Zip Code)

Impmv1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC A SAINT-PIERRE

(Name of Contact Person)

at 904

(Area Code)

866-0035

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 AUG -2 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Impower Movement

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

1220000070910

(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 Incorporation:

A. If amending name, enter the new name of the corporation:

The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

3832 Baymeadows Rd #330  
Suite 10  
Jacksonville, FL 32217

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3832 Baymeadows Rd #330  
Suite 10  
Jacksonville, FL 32217

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: \_\_\_\_\_

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(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

(Attach additional sheets, if necessary)

*Please note the officer/director title by the first letter of the office name.  
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.*

### X Change

X Remove

X Add

PT

John Doc

$$\frac{v}{v}$$

Mike Jones

$$\overline{SV}$$

Sally Smith

Title

Name

Address

1) Change  
Add

CFO

Marc A. Saint-Fleur

39.52 Bay meadows  
Rd # 330 Suite 10  
Jacksonville FL 32217

2) ✓ Change  
Add

P

## Sydne m iternings

3032 Baymeadows  
Rd # 330 Suite 10  
Jacksonville, FL 32217  
3032 Baymeadows  
Rd # 330 Suite 10  
Jacksonville, FL 32217

3 ) ☐ Remove  
☒ Change  
☐ Add  
☐ Remove

VP

Casey D Cooper

4)          Change  
Add

\_\_\_\_\_

\_\_\_\_\_

Remove

5)          Change  
          Add

---

\_\_\_\_\_

Remove

6)          Change  
Add

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\_\_\_\_\_

Remove

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

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Lined area for text entry.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

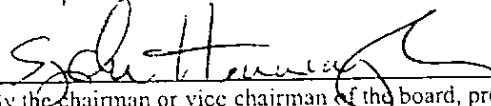
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated August 2, 2022

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sydne M. Hennings  
(Typed or printed name of person signing)

President  
(Title of person signing)