22000008090

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MPC	WER M	10 VEMENT	INC
	\- C\		
DOCUMENT NUMBER: N200000 F	3040		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Sydne M Henning	Name of Contact Perso	n)	
IMPONER MOVE	(Firm/ Company))C	
3932 Baymendows	Rd #.330 (Address)	Suite 10	
<u>Jachsonville</u> FC	32217 (City/ State and Zip Coo	le)	
Inpmv + 0 cimal E-mail address: (to be used	tor future annual report	notification)	
For further information concerning this matter, please	call:		
	at		
(Name of Contact Person)) (A	rea Code) (Daytime Tele	phone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of State:	
□ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	OS52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Stree	t Address	

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

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

IMPOWER MOVEMENT	INC.	<u> </u>		_
Name of Corporation as currently filed with the Florid	a Dept. of State)			
N2200006090				
(Document Nur	mber of Corporation (if ki	nown)		
ursuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts	the follows	ing
. If amending name, enter the new name of the corpo	ration:			
			The ne	
ame must he distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	oration" or "incorporated	I" or the abbreviation "Corp	p." or "Inc.	. "
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)			_
. Enter new mailing address, if applicable:			** (0	29
(Mailing address MAY BE A POST OFFICE BOX)				22
			<u></u> 二 二	S)
				AUG -8
			nia	
). If amending the registered agent and/or registered	office address in Florida	, enter the name of the	- - 1 (c)	AH
new registered agent and/or the new registered office	ce address:		===	<u>ф</u>
Name of New Registered Agent:			विकास	<u>_</u>
		Florida street address)		
New Registered Office Address:	1.	, , , , , , , , , , , , , , , , , , ,		
		, Florida		
	(City)	(Zip Code	e)	
New Registered Agent's Signature, if changing Registe	ered Agent:			
hereby accept the appointment as registered agent. I ar	n familiar with and accep	t the obligations of the posit	lîon.	
	 Signature of New Regis 	tered 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 X Remove A Add	PT John Do Y Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>CFO</u>	Marc A Saint-Fleur	3832 Baymeadows Rd # 330 Swite 10
Remove			Jacksonville, FL 32217
2) Change Add	<u>P</u>	Sydne M Henrings	3432 Baymenden's Rel # 330 Rick 10
Remove 3)	<u>vp</u> _	Casey D Cooper	Dutonville, FL 32217 3632 Raymondows Ad #330 State 10 Decksonalle FL 32217
4) Change Add	D	Statavier M. Johnson	3832 Buymendows Prl # 350 Sinte 10
Remove			Jacksonville FL 37217
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		(Be specific)	

		
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		·
The date of each amendment(s) adopt	tion;	_, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	 ,
		tha liatad as tha
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will no timent of State's records.	i de fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	

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 8, 2022
Signature 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)
(Fyped or printed name of person signing)
(Fyped or printed name of person signing)
Vice President (Title of person signing)

. . . .