900001553

| (Requestor's Name) | | |
|---|-------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| · | | |
| | | |
| | | |
| | | |

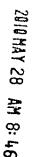
Office Use Only

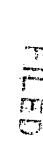
41.10



500181323525

05/28/10--01003--008 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | Cut Core Fitness Corpora | ation | |
|---------------------|--|--|---|--|
| PO9000015530 | | | | |
| The enclosed Arti | cles of Amendment and fee a | re submitted for filing. | | |
| Please return ali c | orrespondence concerning thi | s matter to the following: | | |
| | | Michael P. Miller | | |
| | N | lame of Contact Person | | |
| | | Firm/ Company | | |
| | 14 | 78 Meadows Blvd | | |
| | | Address | િ | |
| | | Veston, FL 33327 ity/ State and Zip Code | | |
| | millermicl E-mail address: (to be use | hael93@gmail.com d for future annual report notification) | | |
| For further inform | nation concerning this matter, | please call: | | |
| | Michael P. Miller e of Contact Person | at (954) 80 Area Code & Daytime Tel | 05-4255 ephone Number | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depart | tment 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) | |
| P.O. Box 6 | nt Section f Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | e • | |

Articles of Amendment Articles of Incorporation

Cut Core Fitness Corporation

P09000015530

| | Articles of Amendmen | t A y |
|--|---|--|
| | to Articles of Incorporatio | on 30/2. |
| • | of | May 20 |
| Cut Core F | itness Corporation | 44 |
| (Name of Corporation as curre | | a Dept. of State) |
| P09 | 000015530 | |
| | nber of Corporation (if kno | wn) |
| Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation: | 5, Florida Statutes, this F | lorida Profit Corporation adopts the following |
| A. If amending name, enter the new name of | the corporation: | |
| Empowered | Living Products, Inc. | The new |
| B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | |
| (Mailing address <u>MAY BE A POST OFFIC</u> | egistered office address in | n Florida, enter the name of the |
| (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: | egistered office address intered office address: | |
| (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered. | egistered office address in | |
| (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: | egistered office address in stered office address: (Florida street a | nddress), Florida |
| D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: | egistered office address intered office address: | nddress) |

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)

| Title · | Name | Address | Type of Action |
|-----------------|---|---------|----------------|
| - | | | |
| | | | ☐ Add ☐ Remove |
| | | | |
| | ling or adding additional Articles, educational sheets, if necessary). (Be s | | |
| | | | |
| | | | |
| | | | ··· ·- |
| <u>provisio</u> | nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: $0.5/24/2010$ |
|--|--|
| | (date of adoption is required) |
| Effective date if applicable: | |
| • • • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of 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/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_05/2 | 5/2010 |
| | a director, president or other officer – if directors or officers have not been |
| | cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Michael P. Miller |
| | (Typed or printed name of person signing) |
| | Chief Financial Officer |
| | (Title of person signing) |