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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Kapow-der, Inc	
DOCUMENT NUMBER: \$13,0000 81431	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pam Husen Name of Contact Person	
Name of Contact Person	
Firm/ Company	
10125 Sandlers Preserve Co	ourt
Jacksonville Fl 32222 City/ State and Zip Code	
City/ State and Zip Code	
Damhusene gmail. Com E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please call:	
PAM Husen at (8/3) 2	30 -4009 time Telephone Number
Name of Contact Person Area Code & Day	time Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department o	f State:
Certificate of Status Certified Copy Cert (Additional copy is Cert enclosed) (Add	50 Filing Fee ificate of Status ified Copy litional Copy nclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SecDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	porations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Kapow-der, Inc.	
(Name of Corporation as currently filed with the FI	orida Dept. of State)
4 130000 8143	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or $Co.$," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	," "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A SSA 22 -
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	55
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10125 Sandlers Preserve Ct
<u> </u>	Jacksonville Fl 32222
	·
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent \ \ \rangle \Rangle	
·	
(Florida stre	et 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 w	ith and accept the obligations of the position.
CV D	
Signature of New Registered Ag	gent, ij cnanging

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 <math>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.

	e, una sa	any smun, sv as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\overline{\mathcal{P}}$	James M. Aldous	3076 Byron Rd
Add Remove			3076 Byron Rd Green Cove Springs Fl 32043
2) Change	<u>A</u>	Lyndon Husen	10125 Sandlers Preserve Ct Jacksonville, Fl
Remove			38.292
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Remove			

'amending or ttach additiona	adding additional Article al sheets, if necessary).	es, enter change (Be specific)	<u>(s) here</u> :		
	NA				
	• • • • • • • • • • • • • • • • • • • •				
					
					,
 -					
rovisions for	nt provides for an exchanimplementing the amendicable, indicate N/A)	nge, reclassificati ment if not conta	on, or cancellation	n of issued shares, Iment itself:	
·	N/	14			
			 .		
···					

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)	
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)	
(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.	
Dated 10/15/2013	
Dated 10/15/2013 Signature Mull	
(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)	
LYNDON HUSEN	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	