## P14000058927

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

2/4/15

## TRANSMITTAL LETTER

SUBJECT: Empowered Nova Corporation (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <u>P140000 58927</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
28 Prandia Dr.  (Address)  Ulando Fl 32807
(Address)
Orlando Fl 32807
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 328 0395 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

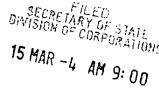
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL .32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Ī,	Lucy 4. Niwes, hereby resign as Presiden 7
of	Onpowered Nova Corporation
	(Name of Corporation)  1 40000 5 8 927, a corporation organized under the laws of the State of  (Document Number, if known)  1 100000 5 8 927, a corporation organized under the laws of the State of
	<u> 11011ec</u>
	Ol
	(Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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