P16000051375

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SECRETARY OF STALL DIVISION OF CURPORATIONS

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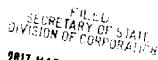
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: Power Evolution In	nc.			
DOCUMENT NU	MBER: P16000051375				
	eles of Amendment and fee are su	ibmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Katherine A. Vega				
	Name of Contact Person				
	Power Evolution Inc.				
		Firm/ Company			
	18210 Merwyn Circle				
	·	Address			
	Weeki Wachee, Fl 34614				
		City/ State and Zip Coc	de		
DC	owerevolutioninc@gmail.com				
<u> </u>		sed for future annual report	t notification)		
	, in the second	1	,		
For further informa	ation concerning this matter, pleas	se call:			
Katherine A. Vega		at (585-0699		
Name of Contact Person		Area Co)ode & Daytime Telephone Number		
Enclosed is a checi	k for the following amount made	payable to the Florida Dep	partment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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Power Evolution Inc.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P16000051375		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	'.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	nation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		18210 Merwyn Circle
		Weeki Wachee, FL 34614
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 6180
		Spring Hill, Fl 34611
		<u></u>
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	Katherine A. Vega	
	18210 Merwyn Circle	
	(Florida s	rireei address)
New Registered Office Address: Weeki Wachee		, Florida ³⁴⁶¹⁴
		(City) (Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	changing Registered Ager tered agent – I am familiar	it: r with and accept the obligations of the position.
	Het (2. Vegr
	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)

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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	S	Noor Masri	5037 Cumberland Lane	
Add			Spring Hill, Fl 34607	
X Remove				
2) Change	P	Omar Masrı	5037 Cumberland Lane	
Add			Spring Hill, FI 34607	
x Remove				
3) Change	P	Katherine A. Vega	5037 Cumberland Lane	
x Add			Spring Hill, Fl 34607	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	udditional sheets, if r	necessary). (Be spe	ecific)			
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an am	endment provides :	for an exchange, rec	lassification, or c	ancellation of issu	ed shares,	
<u>provisi</u> (<u>ons for implementir</u>	ng the amendment if	not contained in	the amendment is	tself:	
(1)	not applicable, indic	:ate N/A)				
						<u> </u>
						
		<u> </u>				
		<u> </u>			——————————————————————————————————————	
						· · · · · · · · · · · · · · · · · · ·

03/26/2017	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action ar action was not required.	ıd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	archolder
Dated $3/2u/17$ Signature $2/2u/17$	
(By a director, president or other officer - if directors or officers ha	
selected, by an incorporator – if in the hands of a receiver, trustee, appointed tiductary by that fiduciary)	or other court
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	