P98000051717

(Reque	stor's Name)
(Addres	ss)
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(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS
ON MAR -6 AM 11:21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NV SPI	RIT, INC	
DOCUMENT NUMBER: P98000	051717	
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this m	natter to the following:	
JAMIE 5 MA (Name of C	ontact Person)	
(Firm/ (Company)	
Z1515 SW 102	ND ST RD	
DUNNELLON, FL (City/State	34431 and Zip Code)	
For further information concerning this matter, ple		
JAMIE S MAHONEY (Name of Contact Person)	at (<u>352</u>) <u>Z&Y-8</u> (Area Code & Daytime Telep	2777 phone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Departm	ent 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)
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

SECRETARY OF STATE DIVISION OF CORPORATIONS	
09 MAR -6 AM 11: 21	

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	NUSPIRIT, INC.
(1)	Name of Corporation as currently filed with the Florida Dept. of State)
	P98000051717
	(Document Number of Corporation (if known)

If amending name, enter the new name of the corporation: NO POWER, INC The new name must be distinguishable and contain the word "corporation," "company," or incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or Co". A professional corporation name must contain the word "chartered," "professional ssociation," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		00 31 11 7	
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new registered agent and/or the new registered office address:	D. 16 di di di di		
Name of New Registered Agent:			enter the name of the
Name of New Registered Agent.	Name of New Parietoned Agents		
	trame of New Register ea Agent.		
New Registered Office Address: (Florida street address)	New Registered Office Address:	(Florida street address)	
, Florida			
(City) (Zip Code)		(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if chan	iging Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of position.	hereby accept the appointment as register	red agent. I am familiar with and ac	ecept the obligations of
Signature of New Registered Agent, if changing	_	Signature of New Registered Agent, if	changing

	nd title, name, and address of each ditional sheets, if necessary)	Officer and/or Director being	g added:
<u>Title</u>	<u>Name</u>	Address	Type of Action
		_	Add
			□ Remove
			🗖 Add
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provi	amendment provides for an exchangions for implementing the amendar		
(9	not applicable, indicate N/A)		
		<u> </u>	

	2/5-69
The date of each amendment(s) adoption:
Effective date if applicable:	
((no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	voting group)
(*	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
DatedSignature(By a	Jamie 5 Mechaney director, president or other officer – if directors or officers have not been
select	red, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT.
•	(Title of person signing)