

PP9000095593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

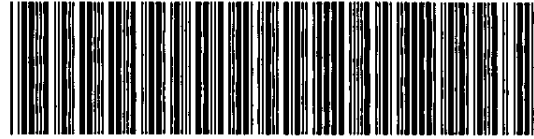
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** On-Site Power Inc.

**DOCUMENT NUMBER:** P99000095593

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Parker  
Name of Contact Person  
On-Site Power Inc.  
Firm/ Company  
1726 N Magnolia Ave.  
Address  
Ocala, FL 34475  
City/ State and Zip Code

Steve@on-sitepower.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve parker at ( 352 ) 671-1090  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

On-Site Power Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000095593

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*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 association," 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)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Steve Parker  
1726 N Magnolia Ave. ocala, FL. 34475  
(Florida street address)  
New Registered Office Address: same, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

**Example:**

X Remove                      V                      Mike Jones

Type of Action  
(Check One)

Name \_\_\_\_\_

Address

6) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
\_\_\_\_\_ Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Remove Ken Heller because he has passed away. ( Last Will & Death Certificate attached)

Steve Parker is sole owner & President as per will & death certificate.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

Steve parker is the sole shareholder.

Stock has not been assigned yet.

10/28/2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

10/28/2015

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Steve Parker is sole shareholder.

by \_\_\_\_\_."

(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.

10/28/2015

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

Steve Parker

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**LAST WILL AND TESTAMENT  
OF  
KENNETH L. HELLER**

I, Kenneth L. Heller residing at 584 Yawl Lane, Long Boat Key, Florida 34228, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

**ARTICLE I**

I direct that my just debts, funeral expenses and expenses of last illness be paid as soon as practicable after my death.

**ARTICLE II**

I give and bequeath to my friend, Kazimira Castelo, the sum of \$250,000.00 if she survives me. If she does not, then this bequest shall become part of my residuary estate.

**ARTICLE III**

I give all of my shares in On-Site Power, Inc. to my co-shareholder, Steven D. Parker if he survives. If he does not, then this bequest shall become part of my residuary estate.

**ARTICLE IV**

All the rest, residue and remainder of my estate, both real and personal, and wheresoever situate, I hereby give, devise and bequeath to my issue who survive me in equal shares, per stirpes.

**ARTICLE V**

I hereby nominate, constitute and appoint my son, Andrew C. Heller, 435 Park Street, Redwood City, California 94061 as Executor of this my Last Will and Testament, but in the event that he shall predecease me, fail to qualify or for any reason cease to act as such Executor, I nominate, constitute and appoint my daughter, Rachel L. Ibarra, 1150 Island Road, Riviera Beach, Florida 33404, to act in the place and stead of my said son, Andrew C. Heller. I direct that my said

Executor and any successor Executrix, shall not be required at any time or place to give or furnish any bond or other security for the faithful performance of their respective duties as such, anything contained in the law or rules of any State or Court that may have jurisdiction over any part of my estate to the contrary notwithstanding.

#### ARTICLE VI

I order and direct that my Executor shall have, in addition to all other powers incident to such offices in the discretion of my Executor, the following rights, powers and authority, namely:

(a) To retain any and all bonds, stocks, mortgages or other investments, evidence of indebtedness and other property and to extend or renew any loans or other obligations in which my estate or any trust hereunder may be invested at the time of my death or at any time thereafter;

(b) To sell, assign, convey or otherwise dispose of any and all of the property, real or personal, at any time constituting my estate or any such trust, at public or private sale, at such times and on such terms and conditions as my Executrix or trustee shall deem proper and to be for the best interests of my estate;

(c) To invest or reinvest the whole or any portion of the money or property at any time constituting my estate or any such trust in such common or preferred stocks, bonds, shares or interests in investment trusts, mutual funds or other investments or property as my Executrix and Trustee shall not be limited to investments authorized by law or to investments or property which are income producing;

(d) To adjust, compromise and settle, or refer to arbitration, any claim in favor of or against my estate or any such trust, and to institute, prosecute or defend any legal proceedings;



(e) To make distribution of my estate or any such trust in money or in property or partly in money and partly in property;

(f) To exchange investments or property for other investments or property at such times and upon such terms and conditions as my Executor shall deem proper; to vote in person or by proxy upon all stock and other investments held as a part of my estate or any such trust; to exercise any option given in any stocks, bonds or other investments for the conversion of the same into other investments; to take advantage of any rights to subscribe for additional stocks, bonds or other investments; to exercise any stock option I may own and pay the consideration for the stock covered thereby; and, generally, to exercise in respect of all stocks, bonds or other property, all rights, powers and privileges as are or may be lawfully exercised by any person owning similar property in his own right.

#### ARTICLE VII

If any person referred to in this Will and I shall die in such circumstances that there shall be substantial doubt as to which of us shall have been the first to die, I direct that for all purposes of this Will, I shall be conclusively presumed to have survived such person.

#### ARTICLE VIII

I hereby direct that all estate, succession, transfer, legacy and other types of inheritance taxes that may be assessed or become payable by reason of my death with respect to the property comprising my gross estate for tax purposes, whether or not such property passes under this Last Will and Testament, shall be paid out of the share of the person or persons whose devise necessitated the imposition of the tax.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17<sup>th</sup>  
day of September, 2015.

Kenneth L. Heller  
KENNETH L. HELLER

The foregoing instrument, consisting of this and THREE (3) preceding pages, was signed, published and declared by Kenneth L. Heller the Testator to be his Last Will and Testament, in the presence of each of us, present at the same time, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses on the day and year above written.

Johanna Leuer  
Nancy Puzio

1173 Trustees Wharton Rd  
1172 Trustees Wharton, N.J.

STATE OF NEW JERSEY    )  
                                      : SS.  
COUNTY OF MORRIS        )

I, Kenneth L. Heller, the Testator, sign my name to this instrument 17<sup>th</sup> day of September, 2015, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

Kenneth L. Heller  
KENNETH L. HELLER

JOHANNA LEUER and Nancy Puzio the witnesses, being first  
duly sworn, do each hereby declare to the undersigned authority that the Testator signs and executes this instrument as his Last Will and Testament and that he signs it willingly, and that each of us states that in the presence and hearing of the Testator, we hereby sign this Will as witness to the Testator's signing and that to the best of our knowledge the Testator is 18 years or older, of sound mind, and under no constraint or undue influence.

Johanna Leuer  
Nancy Puzio

Subscribed, sworn to and acknowledge before me by Kenneth L. Heller, the Testator, and subscribed and sworn to before me by Johanna Leuer and Nancy Puzio, witnesses, this 17<sup>th</sup> day of September, 2015.

Frank D. Angelastro  
Frank D. Angelastro, Attorney  
At Law State of New Jersey

**FIRST CODICIL TO THE  
LAST WILL AND TESTAMENT  
KENNETH L. HELLER**

I, Kenneth L. Heller, of 584 Yawl Lane, Long Boat Key, Florida, do hereby make publish and declare this to be the First Codicil to my Last Will and Testament.

**ARTICLE I**

ARTICLE I of my Last Will and Testament is hereby amended to further provide that I wish to be cremated and that the disposition of my ashes be determined by my three (3) children and if they cannot agree, by my Executor.

**ARTICLE II**

ARTICLE II of my Last Will and Testament is supplemented to provide that the unreimbursed cost of hospice care and any unreimbursed medical bills related to it be deducted from the share of my friend, Kazimiera Castelo.



**ARTICLE III**

All of the other terms and conditions of my Last Will and Testament dated September 17, 2015 shall remain the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8<sup>th</sup> of October, 2015.

  
KENNETH L. HELLER

The foregoing instrument, consisting of two pages, was signed, published and declared by Kenneth L. Heller the Testator to be his First Codicil to his Last Will and Testament, in the presence of each of us, present at the same time, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses on the day and year above written.

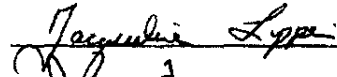
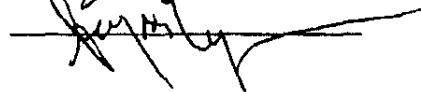
5 Lopatcong Ave Landig NJ  
5 Lopatcong Ave  
Landig, NJ

STATE OF NEW JERSEY     )  
  : SS.  
COUNTY OF MORRIS         )

I, Kenneth L. Heller, the Testator, sign my name to this instrument this 8<sup>th</sup> day of October, 2015, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as the First Codicil to my Last Will and Testament and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

  
Kenneth L. Heller

Jacqueline Lipper and Jay Lipper, the witnesses, being first duly sworn, do each hereby declare to the undersigned authority that the Testator signs and executes this instrument as the First Codicil to his Last Will and Testament and that he signs it willingly, and that each of us states that in the presence and hearing of the Testator, we hereby sign this Will as witness to the Testator's signing and that to the best of our knowledge the Testator is 18 years or older, of sound mind, and under no constraint or undue influence.

Subscribed, sworn to an acknowledge before me by Kenneth L. Heller, the Testator, and subscribed and sworn to before me by JACQUELINE LIPPER and Jay M. Lipper witnesses, this 8<sup>th</sup> day of October, 2015.

  
Frank D. Angelastro, Attorney  
At Law State of New Jersey

# STATE OF NEW JERSEY

B0007366513

## NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER  
20160059765

1a. Legal Name of Decedent (Print, Middle, Last, Suffix) <b>Kenneth L. Heller</b>				LINE ONLY <input type="checkbox"/>
1b. Also Known As (AKA), if Any (Print, Middle, Last, Suffix)				
2. Sex <b>Male</b>	3. Social Security Number <b>211-54-5200</b>	4a. Age <b>89 Years</b>	5. Date of Birth (MM/DD/YYYY) <b>09/19/1924</b>	
6. Birthplace (City & State/Foreign Country) <b>Brooklyn, New York</b>				
7a. Residence-State <b>New Jersey</b>		7b. County <b>Essex</b>	7c. Municipality/City <b>North Plainfield</b>	
7d. Street and Number <b>1174 Thruway</b>		7e. Apt. No. <b></b>	7f. Zip Code <b>07063</b>	7g. Inside City Limits? <b>Yes</b>
8a. Ever in US Armed Forces? <b>No</b>		8b. If Yes, Name of War: <b></b>		8c. War Service Dates (From-To): <b></b>
9. Domestic Status at Time of Death <b>Widowed</b>		10. Name of Surviving Spouse/Partner (Name given at birth or on last certificate) <b></b>		
11. Father's Name (Print, Middle, Last) <b>Harold Heller</b>				
12. Mother's Name Prior to First Marriage (Print, Middle, Last) <b>Rosemary Chisler</b>				
13a. Name of Informant <b>Anthony Heller</b>		13b. Relationship to Decedent <b>Son</b>		
14. Mailing Address (Street and Number, City, State, Zip Code) <b>426 Park Street, North Plainfield, NJ 07063</b>				
14a. Method of Disposition <b>Cremation</b>		14b. Place of Disposition (name of cemetery, crematory, other) <b>Resurrection Crematory</b>		14c. Location- City & State/Foreign Country <b>North Plainfield, New Jersey</b>
17. Name and Complete Address of Funeral Facility <b>APPROPRIATE &amp; HONORABLE CREMATION SERVICES, 1000 Plainfield Avenue, South Plainfield, NJ 07080</b>				
18. Decedent's Signature or Personal Doctor <b>James L. Jones, M.D.</b>				19. NJ Licensed Number <b>21A000007300</b>
20. Decedent's Education <b>High School Graduate</b>		21. Decedent of Hispanic Origin? <b>Not Hispanic / Mexican / Latino</b>		22. Decedent's Race <b>White</b>
23. Occupation of Decedent (Type of work done most of life, even if retired) <b>Self Employed</b>				
24. Name and Address of Last Employer <b>James L. Jones, M.D., North Plainfield, NJ</b>				
25. Date Pronounced Dead (MM/DD/YYYY) <b>10/28/2015</b>		26. Name of Person Pronouncing Death <b>John Doyle</b>		
27. Time Pronounced Dead (24-Hr) <b>11:00</b>		28. License Number <b>2000210437300</b>		29. Date Signed (MM/DD/YYYY) <b>10/28/2015 11:11</b>
31. Date of Death (MM/DD/YYYY) <b>10/28/2015</b>		32. Time of Death (24-Hr) <b>Approx-11:30</b>		33. Was Medical Examiner Contacted? <b>No</b>
34. Place of Death (MM/DD/YYYY) <b>Home</b>		35. Place of Death <b>Private Facility</b>		
36. Facility Name (if not institution, give street and number) <b>Care for Home Services and Medical Care</b>				
37a. Marital Status <b>Married</b>		37b. County <b>Essex</b>		
38. CAUSE OF DEATH				
38a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the above listed on line a, under the UNDERLYING CAUSE (name or how that injury if for events resulting in death) (I-10)				
38b. IMMEDIATE CAUSE <b>a. Myocardial Infarction</b>				
38c. Due to (or as a consequence of): <b>b. congestive heart failure</b>				
38d. Due to (or as a consequence of): <b>c.</b>				
38e. Due to (or as a consequence of): <b>d.</b>				
38f. PART II - Briefly state other significant conditions contributing to death but not resulting in underlying cause given in PART I.				
37. Was an Autopsy Performed? <b>No</b>				
38. Were Autopsy Findings Available to Corroborate Cause of Death? <b>Not Applicable</b>				
39. Date of Injury (MM/DD/YYYY)	40. Time of Injury (24-Hr)	41. Place of Injury (If at home, neighborhood only, otherwise)	42. Injury at work?	
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State	
44. Describe How Injury Occurred				
45. If Transportation Injury				
46. Manner of Death <b>Natural</b>		47. Did Decedent Have Diseases? <b>Unknown</b>	48. Did Tobacco Use Contribute to Death? <b>Unknown</b>	49. If Female, Pregnancy Status <b>Not Applicable</b>
50. Coroner Type <b>Certified Physician or APH</b>		51. Name, Address, and Zip Code of Coroner <b>Michelle Bennett, D.O., 754 Basking Ridge Road, Roselle Park, NJ 07068-1729</b>		
52. Electronic Signature of Coroner <b>Michelle Bennett</b>		53. License Number <b>20000000000000000000</b>		54. Date Certified (MM/DD/YYYY) <b>09/09/2016</b>
55. Electronic Signature of Local Registrar <b>Harriet A. Wagner</b>		56. District No. <b>11000</b>		57. Date Received <b>11/05/2015</b>
				58. Case ID Number <b>1700000</b>

DATE ISSUED: **November 05, 2015**

ISSUED BY:  
**South Plainfield Borough**  
**Harriet A. Wagner, Local Registrar**

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

**Vincent T. Arisi**  
Vincent T. Arisi  
State Registrar  
Office of Vital Statistics and Registry

REG-425  
JAN 13

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETECT FRAUD. VOID IF ALTERED.

New Jersey Department of Health and Senior Services  
Vital Statistics, PO Box 370, Trenton, NJ 08625-0370  
REQUEST FOR CORRECTION TO NJ VITAL RECORD OF:

State File Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE ☐ CIVIL UNION ☐ DOMESTIC PARTNERSHIP

SECTION 1	INFORMATION AS IT APPEARS ON THE CURRENT RECORD:		
	Kenneth L. Heller (Name (Names in the case of Marriage, Civil Union or Domestic Partnership))		
SECTION 2	10 / 28 / 2015 (Date of Occurrence (Month/Day/Year))	Union (County of Occurrence)	Scotch Plains (City/Municipality of Occurrence)
	Item Omitted or in Error	Item as Currently Recorded on Record	Item as it Should Appear
	8. Domestic Status	Widowed	Divorced
SECTION 3	3A. Signature <i>Richard W. McCrislin</i>		Printed Name Richard W. McCrislin
	Address 2456 Plainfield Avenue, South Plainfield, NJ 07080		Date 11/9/2015
	3B. Signature of Witness (see instructions) <i>Pamela J. Mocharski</i>		Relationship to Individual on Vital Record Funeral Director
SECTION 4	3C. AFFIDAVIT SECTION		
	Subscribed and sworn to before me at _____		
	this _____ day of _____, 20____.		
	Signature	Official Title	
SECTION 4	Documentation presented to establish the validity of the amended information reported in Section 2:		
	Typographical Error		

PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS (\$500.00)  
TYPE OR WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

REG-34  
APR 10