## P10000080508

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SECRETARY OF STATE STYTISTON OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	DAILY RIDE TRANSPORTATION		
DOCUMENT NUMBER:	DCUMENT NUMBER: P10000080508		
The enclosed Articles of Amendmen	f and fee are submitted for filing.		
Please return all correspondence cond	cerning this matter to the following:		
	MARION FREEMAN		
	Name of Contact Person		
DA	AILY RIDE TRANSPORTATION INC.		
	Firm/ Company		
	1917 HARBOR BAY CT UNIT 3A		
	Address		
	KISSIMMEE, FL 34741		
W	City/ State and Zip Code		
E-mail address	s: (to be used for future annual report notification)		
For further information concerning th	is matter, please call:		
MARION FREEMAN	at ( 407 ) 744-3357		
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:		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

## DAILY RIDE TRANSPORTATION INC. Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently fried with	ine Florida Dept. of State)
P10000080508	4
(Document Number of Corporate	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	713 TIMBERWILDE AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	WINTER SPRINGS, FL 32708
	TUSFINANZASORLANDO@YAHO.C@
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 new registered agent and/or the new registered office add	
Name of New Registered Agent: RAFAEL A. E	BOTERO
713 TIMBER	WILDE AVE
New Registered Office Address: (Florid	da street address)
WINTERSPR (City)	INGS , Florida 32708 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am family	liar with and accept the obligations of the position.
Signature of New	Registered Agent if changing

des de la la de	4/12/11
The date of each amendment	(ate of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_04/1	2/2011
sele	a director president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiductary by that fiduciary)
	MARION FREEMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)