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| PICK-UP | ☐ WAIT | MAIL |
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SECRETARY OF STATE
SHIMIASSEE, FLORIDA

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Letter Number: 007A00059890

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

October 11, 2007

LAZARUS

MIAMI, FL

SUBJECT: RIDA EXPRESS, INC. Ref. Number: P03000103335

We have received your document for RIDA EXPRESS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Division of Corporations - P.O. BOY 6327 -Tallahassoa, Florida 32314

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

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Examiner's Initials

Articles of Amendment to Articles of Incorporation of

FILED 07 OCT 12 PH 2: 15

RIDA EXPRESS INC.

SECRETARY OF STATE

(Name of corporation as currently filed with the Florida Dept. Art SAILA SSEE, FLORIDA

| (Name of corporation as currently filed with the Florida Dept. Ut SAMASSEE, FLORIDA |
|--|
| P03000103335 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A. |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| DELETE-MILDRED GONZALEZ AS AGENT |
| DELETE-MILDRED GONZALEZ AS PRESIDENT |
| ADD-ARMANDO FLORES AS PRESIDENT |
| ADD-ARMANDO FLORES AS AGENT |
| 19240 NW 65 Ct., HIALRAH, Fl. 33015 |
| , |
| (Attach additional pages if necessary) |
| f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisior implementing the amendment if not contained in the amendment itself: (if not applicable, indicate |
| N/A |
| |
| |

(continued)

| 40/00/007 |
|---|
| The date of each amendment(s) adaption: 10/06/2007 |
| Effective date if applicable: 10/06/2007 |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved by the shareholders. The number of votes cast to 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 |
| (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 as shareholder action was not required. |
| Signature Wildel Jone ale 2. (By a director, presidem or other officer - it directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| MILDRED GONZALEZ |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE