12/15/23. 11:28 AM

Division of Corporations

## Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN DREAM RIDES TRANSPORT INC

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## COVER LETTER

| TO: Amendment Section Division of Corporations                            |
|---|
| NAME OF CORPORATION: DREAM RIDES TRANSPORT INC                            |
| DOCUMENT NUMBER: P08000002446   |
| The enclosed Articles of Amendment and fee are submitted for filing.      |
| Please return all correspondence concerning this matter to the following: |

| Cheyenne Moseley   |
|--|
| Name of Contact Person   |
| LegalZoom.com, Inc.  |
| Firm/ Company  |
| 101 N. Brand Blvd., 11th Floor                                     |
| Address  |
| Glendale, CA 91203   |
| City/ State and Zip Code   |
| rastical@hotmail.com   |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| Cheyenne Moseley       | at ( | 773-0888 ext. 9724                   |
|------------------------|------|--------------------------------------|
| Name of Contact Person | ام   | Area Code & Daytime Telephone Number |
|                        |      |                                      |

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

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$60.00 ☐ \$52.50 Filing Fee & ☐ \$52.50 Filing Fee & ☐ ☐ \$60.00 ☐ \$

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

DIVISION OF CORPORATIONS

DREAM RIDES TRANSPORT INC

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation   | on as Currently fil               | ed with the Florida De         | pt, of State)             |             |                 |
|--|-----------------------------------|--------------------------------|---------------------------|-------------|-----------------|
| P08000002446   |                                   |                                |                           |             |                 |
| (Docume  | ent Number of Co                  | rporation (if known)           |                           |             |                 |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | Statutes, this Flor               | ida Profit Corporation         | adopts the followi        | ng amendmen | ıt(s) to        |
| A. If amending name, enter the new name of the con   | rporation:                        |                                |                           |             |                 |
| Buckyard Farms Inc   |                                   |                                |                           | The new     |                 |
| name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev   | or "Co" A pre                     |                                |                           |             |                 |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDI  |                                   |                                |                           |             |                 |
|  | -                                 | <del></del>                    |                           | 202         | jy10            |
|  | _                                 | <del></del>                    |                           |             | Sign            |
| C. Enter new mailing address, if applicable:   |                                   |                                |                           | <u> </u>    | - 45<br>- 45    |
| (Mailing address <u>MAY BEA POST OFFICE BO)</u>  | <u>x</u> ) _                      | <del> </del>                   | <del></del>               | <del></del> | CORPO           |
|  | _                                 |                                |                           |             | 골두              |
|  |                                   |                                |                           | 25          | 2. <u>2. 2.</u> |
|  | _                                 |                                | <b>C</b>                  | PM 12:140   | 医产              |
| <ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered 0</li> </ul>  |                                   | <u>in Florida, enter the n</u> | ime or the                |             | • •             |
| Name of New Registered Agent   |                                   |                                |                           |             |                 |
|  |                                   |                                |                           |             |                 |
| ·····  | (Florida street a                 | ddress)                        |                           | _           |                 |
| New Registered Office Address:   |                                   |                                | . Florida                 |             |                 |
| New Action Control of the Control of | (City                             | )                              | _,                        | Code)       |                 |
|  |                                   |                                |                           |             |                 |
| N. B. C. Li and C. C. Marker, D. C.  |                                   |                                |                           |             |                 |
| New Registered Agent's Signature, if changing Registreby accept the appointment as registered agent. I   | stereu Agent:<br>am familiar with | and accept the obligation      | ns of the position.       |             |                 |
|  |                                   |                                |                           |             |                 |
|  |                                   |                                |                           |             |                 |
| Sional   | ture of New Region                | ered Agent, if changing        | <del></del> . <del></del> | _           |                 |
| V  | e op 1.e.n regin                  | eren iskeini ü eimikiilk       |                           |             |                 |
| Check if applicable  |                                   |                                |                           |             |                 |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

| X Change                      | PT        | John Doe     |                       |
|-------------------------------|-----------|--------------|-----------------------|
| X Remove                      | V         | Mike Jones   |                       |
| _X Add                        | <u>sv</u> | Sally Smith  |                       |
| Type of Action<br>(Check One) | Title     | Name         | Address               |
| l) Change                     |           | <del>_</del> | <del> </del>          |
| Add                           |           |              |                       |
| Remove                        |           |              | 2023 DEC              |
| 2) Change                     | ·-        |              | 030                   |
| Add                           |           |              | 15 CO                 |
| Remove 3) Change              |           |              | 2023 DEC 15 PH 12: 40 |
| Add                           |           |              | <b>5</b>              |
| Remove                        |           |              |                       |
| 4) Change                     |           |              |                       |
| Add                           |           |              |                       |
| Remove                        |           |              |                       |
| 5, Change                     | <u></u>   |              |                       |
| Add                           |           |              |                       |
| Remove                        |           |              |                       |
| 6) Change                     |           |              |                       |
| Add                           |           |              |                       |
| Remove                        |           |              |                       |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |             |   |
|---|-------------|---|
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|   | 2023        | SIAIO                                   |
|   | 2023 DEC    | 100 K                                   |
|   |             |   |
|   |             | OFF STATE                               |
|   | PH 12: 40   | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 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) | ,<br>to     | Ž                                       |
|   |             |   |
|   |             |   |
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| The dute of       | 11/01/2023   |                         |
|-------------------|--|-------------------------|
|                   | cach amendment(s) adoption:ument was signed.   | , if other than the     |
| rate dus doc      | billette was signed.   |                         |
| Effective da      | te <u>if applicable</u> :  | ·                       |
|                   | te il applicable: (no more than 90 days after amendment file date)   |                         |
|                   | date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records   | Il not be listed as the |
| Adoption of       | Amendment(s) ( <u>CHECK ONE</u> )  |                         |
|                   | dment(s) was/were adopted by the incorporators, or board of directors without shareholder action an shot required.   | d shareholder           |
|                   | dment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) areholders was/were sufficient for approval.  |                         |
| niust be s<br>"Th | dinent(s) was/were approved by the shareholders through veting groups. The following statement operately provided for each voting group entitled to vote separately on the amendment(s):  e number of votes east for the amendment(s) was/were sufficient for approval |                         |
|                   |  |                         |
| by                | (vating group)   |                         |
| ву                | Signature  (By a Affector, 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)  | 2023 DEC 15             |
| ру                | Signature  (By a impetor, president or other officer – if directors or officers have not been selected, by an incorporator – if in the lands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Donald Buchanan                            | 15                      |
| ру                | Signature  (By a Affector, 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)  | 15                      |
| ру                | Signature  (By a impetor, president or other officer – if directors or officers have not been selected, by an incorporator – if in the lands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Donald Buchanan                            |                         |