111000023889

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500208198225

06/06/11--01005--011 **35.00

M



+1 · 211

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GO Easy Rides INC
DOCUMENT NUMBER: P11000023889
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Ferguson Name of Contact Person
GO EASY Rides INC
4848 SW Z9th +err
Ff Lauderdule FL 33317 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Ferguson at (954) 599-7511 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:
Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as curr	,	la Dept. of State)	77 JUN - 6 PM 1:55
P110000 238		****	55
(Document Nun	mber of Corporation (if kno	own)	
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, this I	Torida Profit Corp	poration adopts the tillo
If amending name, enter the new name o	of the corporation:		
			m
GO Easy Ride	the word "correction"	"aamaanu" au	"incorporated" or the
reviation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A pi	rofessional corporation
e musi comuni me word chartered, pro	yessionai association, or	me aborevianon	1 .71.
Enter new principal office address, if app			
incipal office address <u>MUST BE A STREE</u>	<u>et address</u>)		
			·
Enter new mailing address, if applicable			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	in Florida, enter tl	ne name of the
(Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or i	registered office address	in Florida, enter tl	ne name of the
(Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or in the new registered agent and/or the new registered agent agen	registered office address	in Florida, enter tl	ne name of the
(Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or i	registered office address	in Florida, enter tl	ne name of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or and/or the new registered agent and/or the new reginates of New Registered Agent:	registered office address istered office address:		ne name of the
(Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or in the new registered agent and/or the new registered agent age	registered office address		ne name of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or and/or and/or the new registered agent and/or the new reginates of New Registered Agent:	registered office address istered office address:	address)	
(Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or and/or and/or the new registered agent and/or the new registered Agent:	registered office address istered office address:	address)	ne name of the
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or inew registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address:	registered office address istered office address: (Florida street	address)	
Mailing address MAY BE A POST OFFI If amending the registered agent and/or and/or and/or the new registered agent. Name of New Registered Agent:	registered office address istered office address: (Florida street (City) ing Registered Agent:	address) , F (Zip Co	lorida de)

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** <u>Address</u> **Type of Action** <u>Name</u> _ 🔲 Add ☐ Remove ☐ Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

If amending the Utticers and/or Directors, enter the title and name of each officer/director being

i he date of each amendme	nt(s) adoption: <u>5 - 30 - 11</u>
i •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	,»
	(voting group)
action was not required. The amendment(s) was/waction was not required.	vere adopted by the incorporators without shareholder action and shareholder
Dated	6-2-11
Signature _ (E se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court expointed fiduciary by that fiduciary)
	Ryan Ferguson (Typed or printed name of person signing)
	President (Title of person signing)