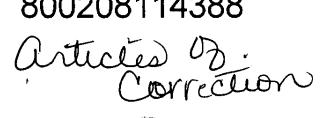
(Address) (Address) (City/State/Zip/Phone #) (Document Number) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
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COVER LETTER

TO:

Amendment Section

Division of Corporations SUBJECT: Ride Out Auto Sales Co. Name of Corporation DOCUMENT NUMBER: P11000048626 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa Wells Name of Contact Person Ride Out Auto Sales Co. Firm/Company 14415 nw 7 th Ave Address Miami , FI 33168 City/State and Zip Code Ride Out Auto Sales Co. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Wells 793-1372 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$35.00 Filing Fee **✓** \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy **Mailing Address: Street Address:** Amendment Section **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 CORRECTION

FILED

for

2011 MAY 31 PM 12: 42

	1111214
Ride Out Auto Sales Co.	SECRETARY OF STATE
Name of Corporation as currently filed with the Florida Dept. of State	LLAHASSEE, FLORID
P11000048626	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document be	s, this corporation files being corrected.
These articles of correction correct Officer name Articles of Incor (Document Type Being Correcte	-
filed with the Department of State on 05/23/2011	
(File Date of Document)	- -
Specify the inaccuracy, incorrect statement, or defect:	
OFFICER name ANDREW TANELUS	
	<u></u>
Correct the inaccuracy, incorrect statement, or defect:	
_	
(Signature of a director, president or other officer - if directors or officers have	_
not been selected, by an incorporator - if in the hands of the receiver, trustee, other court appointed fiduciary, by that fiduciary.)	n
Lisa Wells	Q
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00