8012 PRO0000619

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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phon	e #)
<u></u>	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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SLONETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	NinjaFit Paddl	eboard Co.	
	P12000024568	1-47-14	
DOCUMENT NUMBER	<u> </u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this mat	tter to the following:	
Ce	ory Rider		
c	-RIDE SUP	Name of Contact Person	n .
14	150 1st Ave N	Firm/ Company	
S	aint Petersburg, FL3	Address 33705	
		City/ State and Zip Code	e
rider@	c-ride.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
Cory Rider		813	4470600
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NinjaFit Paddleboard Co.		_
(Name of Corporation as currently filed with the) P12000024568	Florida Dept. of State)	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of the corporation: C-RIDE SUP Co.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable:	1450 ISLAVE N	
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33705	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OF FICE BOX</u>)	1450 1st Ave N Saint Petersburg, FL 33705	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent		
(Florida s	street address)	
·		
New Registered Office Address:	, Florida	

Signature of New Registered Agent, if changing

It amending the Uticers 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)

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 <math>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	<u>PT</u>	John Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sm	<u>vith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change			· · · · · · · · · · · · · · · · · · ·	·
Add				
Remove				
2) Change		_	**************************************	
Add				
Remove				
3) Change				***
Add				******
Remove				
4) Change		-		
Add				
Remove				
5) Change	 	_		
Add				
Remove				
6) Change	,	_		
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Pemove				

amending or adding additional Arttach additional sheets, if necessary).	(Be specific)	1 <u>10</u> .	
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an amendment provides for an exc	homes medacrification o	an agreed of the second shapes	
provisions for implementing the am			
(if not applicable, indicate N/A)			
			
			·-
			

The date of each amendment		_, if other than the
date this document was signed.		
Effective date if applicable:	As soon as possible	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
4/1/ * Dated	15	
	126	
Signature		_
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 oppointed fiduciary by that fiduciary)	
	Cory Rider	
		
	Owner	
	(Title of person signing)	