P1300013474

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	re)
(Document Number)		
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Safe Ride Healthcare Inc. DOCUMENT NUMBER: P13000013474
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rahim Jaffer Name of Contact Person Sofe Ride Hoo Who cake Too.
Sate Kide Heathcare Inc.
2501 Gulf Dr. N. Suite 201
Bradenton, Beach, H. 34217 City/ State and Zip Code
Rabim 1. Jaffer @ mail Com E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Prahim Jaffer = 11(941-,704-1603
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Saferide Healthcare I	<u>nc</u> .
(Name of Corporation as current	y filed with the Florida Dept. of State)
P13000013474	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· 5 5 6
	是 第 7
	₩ N F
C. Enter new mailing address, if applicable:	E C PA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
	6
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
<u> </u>	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing

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)

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	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	S,D Robin Palmer	
X Add		Suite 201
Remove		Bradenton Beach, 71 34217
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
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<u> </u>	. , , , , , , , , , , , , , , , , , , ,	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
ty nor appreniate, material to a p		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Rahim Jaffer	
(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 and shareholder action was not required.	
Dated 5 21 18 Signature Latter	
(By a director, president of 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)	
Rahim Jaffer (Typed or printed name of person signing)	
President (Title of person signing)	