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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Bikesport Inc. P13000083999 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John G. Algood
Warne of Contact Person Bikesport, Inc.
Firm/Company
1155 Woodlands Blvd.
Address Oldsmar, FL 34677
City/ State and Zip Code Support a fafsinc. Lom
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 798-8821

Area Code & Daytime Telephone Number John G. Algood
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **2** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

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

is enclosed)

Articles of Amendment to Articles of Incorporation

FILED

14 MAR -6 PM 12:00

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Bike Sport Inc. (Name of Corporation as currently filed with the Florida Dept. of Sta	ate) TALLADASSE, FLORIDA
D12000000	TOTAL CONDA
(Document Number of Corporation (if known)	
uant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> :	poration adopts the following amendmen
f amending name, enter the new name of the corporation:	
	The new
e must be distinguishable and contain the word "corporation," "company," o rp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession d "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation nal corporation name must contain the
Enter new principal office address, if applicable: ncipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
	
If amending the registered agent and/or registered office address in Florida, en- new registered agent and/or the new registered office address:	ter the name of the
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent (Florida street address)	
	, Florida

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.

Example: X Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>S</u> a	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) Change	D	Allen Hughes	2114 Harbour Watch Dr
Add		J	Tarpon Springs, FL
Remove			34689
2) Change	<u>s</u>	Mike Tomlinson	3001 W. Chapin Ave. Tampa FL 33611
Remove			Tarripa, 12 35pm
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o □ a			
6) Change			
Remove			<u> </u>
I INCLUDIVE			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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··· ·=··	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
municione for implantanting the area	ndment if not contained in the amendment itself:
(if not applicable indicate N/A)	nument if not contained in the uncontained reserv
(if not applicable, indicate N/A)	nament is not contained in the unestation room.
(if not applicable, indicate N/A)	nument is not contained in the unestation room.
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(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 12/15/13 date this document was signed.	, if other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	_
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (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 12 15 13 Signature X No hux Rayro	_ _
(By a director, 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)	
John 6. Algood (Typed or printed name of person signing)	
	_
President	
(Title of person signing)	