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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHANE M. SMITH, P.A.

Account Number : I20140000004 Phone : (321)724-1919

Fax Number :

: (321)723-8218

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

RIDE SAFE HOME, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RIDE SAFE HOME, INC.
DOCUMENT NUMBER:P13000094454
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
APRIL DAWN GENTILE
Name of Contact Person
SHANE M. SMITH P. A.
Firm/ Company 3990 MINTON ROAD
Address
MELBOURNE, FLORIDA 32904
City/ State and Zip Code
APRIL@SHANESMITHLEGAL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
APRIL DAWN GENTILE at (321) 724-1919 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RIDE SAFE HOME, INC.			•
(Name of Corporation as currently f	iled with the Florida Dept	, of State)	-
P13000094454			
(Document Number of	f Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:	•	
MAGIC MOPS, INC.			The west
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A pro	ny," or "incorporated" or the a ofessional corporation name must	_The new bbreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e: DRESS)		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)		· -
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent		da, enter the name of the	14 图第 31
			, · i
	(Florida street address)		2 0 S
New Registered Office Address:	<u> </u>	, Florida_	· 😝 🙃
	(City)	(Zip Code)	ر <u>د</u>
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. Signature of Ne		· · · · · · · · · · · · · · · · · · ·	

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>	John Do	<u>oe</u>					
X Remove	<u>v</u>	Mike Jo	nes					•
X Add	<u>sv</u>	Sally St	nith					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>					<u>Addres</u> s
I) Change		_					-	
Add								
Remove							,	
2) Change		_			· .,		-	
Add								
Remove								
3) Change		_					_ ,	
Add								
Remove								
4) Change		_			<u>.</u>	<u>-</u>		
Add								
Remove								
5) Change		_				· · · · · · · · · · · · · · · · · · ·		
Add	•						•	
Remove				٠	•			·
6) Change		_						
Add							· •	
Remove							•	

		sary). (Be s	pecific)				
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The dute of each amendment dute this document was signed		if other than the
	.A (4)/3/04-A	
Effective date <u>if amplicable</u> :	(no more than 90 days after amendment file (kité)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The mainber of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement as 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)	
	(voling group)	
The amendment(s) was/wer action was not required.	e adopted by the bound 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	
Dated 4/	1/2014	
Signature .	Veter Framo	·
ae	y a director, president or other officer— If directors or officers have not been ledted, by an incorporator—If in the bands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	PETER FRANO	
	(Typed or printed name of person signing)	transpla.
	PRESIDENT	
	(Title of person signing)	