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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Zero 6 Rides, Inc			
DOCUMENT NUM	BER:			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following	; :	
	Stefanie J. Epstein			
		Name of Contac	t Person	
		Firm/ Comp	pany	
	1201 SW Alcantarra Blvd.			
	Port St Lucie, FL 34953	Address	•	
		City/ State and Z	ip Code	 _
rides	@zero6inc.com			•/
	E-mail address: (to be us	sed for future annua	l report	notification)
For further information	n concerning this matter, pleas	se call:		
Stefanie J. Epstein		954 at (675-5877 _) de & Daytime Telephone Number
Name of Contact Person			Area Coo	ie & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florid	da Depa	rtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Zero 6 Rides, Inc.

	of Corporation as current	tly filed with the Florida Dept. of Sta	<u>te</u>)
P14000058022			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	"Co". A professional corporation na	The new or the abbreviation me must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple		1201 SW Alcantarra Blvd.	TILED
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	Port St Lucie, FL 34953	
D. If amending the registered agent an new registered agent and/or the new			<u> </u>
Name of New Registered Agent	Stefanie J. Epstein		
	1201 SW Alcantarra Blvc	1., Port St Lucie, FL 34953	
	(Florida st	reet address)	
New Registered Office Address:	POST St LU	CIC	34153
		reay	(z.g) Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	t: with and accept the obligations of the p	position.
	Alf ance	Registered Agent, if changing	
	Signature of New J	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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PTS	Stefanie J. Epstein	1201 SW Alcantarra Blvd.
Add			Port St. Lucie, FL 34953
Remove			
2) X Change	VP	Bryan Scholz	1201 SW Alcantarra Blvd
Add			Port St Lucie, FL 34953
Remove			_
3) Change		_	
Add			
Remove			
4) Change		<u> </u>	
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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If an amendment provides for an exch	ange, reclassificati	on, or cancellati	on of issued sha	ires.	
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The date of each amendment(s) ac	January 1, 2017	de en alexand
date this document was signed.	. If ot	ther than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
2/9/17 Dated		
Signature_HL	Lani / Entem VP	
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Stefanie J. Epstein	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	-

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