P99000043930

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

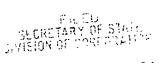
Tallahassee, FL 32314

NAME OF CORPORATION: Hyperride Techn	ologies, Inc.				
DOCUMENT NUMBER: P99000043930					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Jeffrey A Horvath					
	Name of Contact Person				
Hyperride Technologies, In	c.				
	Firm/ Company				
3746 NW 124th Ave					
	Address				
Coral Springs, FL 33065					
	City/ State and Zip Code	:			
jeffry@hyperride.net					
E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, ple	ase call:				
Jeffrey A Horvath	at (369-4184, ext 3869			
Name of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payablé to the Florida Depa	rtment of State:			
□ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Amend	Address ment Section n of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 DEC 12 PM 2: 21

Hyperride Technologies, Inc.		
(Name	of Corporation as currently	iled with the Florida Dept. of State)
P99000043930		
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
		
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST		
D. If amending the registered agent an		s in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	Jeffrey A. Horvath	
	3746 NW 124th Ave	
	(Florida stree	address)
New Registered Office Address:	Coral Springs	Florida 33065
	(0	ity) (Zip Code)
New Registered Agent's Signature, if c		h and a second development of the control of
t nevery accept the appointment as regist	erea agent. Tam jamiliar wil	h and accept the obligations of the position.
	- I	
	Heath	
700	Signature of New Reg	istered 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	PT John D	<u>oe</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PSTO	Jeffrey A. Horvath	3746 NW 124th Ave
Add			Coral Springs, FL 33065
Remove			
2) Change	D	Kimberly Jerauld	3746 NW 124th Ave
Add			Coral Springs, FL 33065
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
•	
1000 - 174 Tab. c. B	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amondment(s)	November 28, 2016	Decemberlo, 2016	if athou then the
The date of each amendment(s) late this document was signed.	adoption:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 9	00 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the		cable statutory filing requirements, this date w	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were by the shareholders was/were		e number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/wer	re sufficient for approval	
by	(voting group)		22
	(voting group)		5 200
The amendment(s) was/were a action was not required.	adopted by the board of directors	without shareholder action and shareholder	NATE OF COLUMN
☐ The amendment(s) was/were action was not required.	adopted by the incorporators with	hout shareholder action and shareholder	## 2:
Decemb Dated	per 0st , 2016		2
sele	adirector, president or other officeted, by an incorporator – if in the binted fiduciary by that fiduciary	cer – if directors or officers have not been the hands of a receiver, trustee, or other court	
, app	Jeffrey Horvath	,	
		name of person signing)	
	Director / Presiden	+/ Socretary Treasurer	
	(Title	of person signing)	