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COVER LETTER

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Fl. 32314

		COVER LETTER		
FO: Amendment Secti Division of Corpe				M JILL TO M @ 35
NAME OF CORPOR	ATION: REGENCY AUTO	OBODY SHOP INC		
	SER: P01000008728			李
The enclosed Articles i	of Amendment and fee are su	bmitted for filing.		مي آ
Please return all corres	pondence concerning this ma	tter to the following:		.
	SURENDRA THAKOORPE	RSAD		
•		Name of Contact Person	n	
	REGENCY AUTOBODY SI	HOP INC		
		Firm/ Company		
	10802 SATELLITE BLVD			
-		Address		
	ORLANDO, FL 32837			
-		City/ State and Zip Cod	e	
THAK	COORPERSAD@GMAIL.CO	OM		
	E-mail address; (to be as	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se cail:		
SURENDRA THAKO	ORPERSAD	at (242-6947	
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)	ı
<u>Mail</u>	ing Address	Street	Address	

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

Articles of Amendment Articles of Incorporation of

REGENCY AUTOBODY SHOP INC

(Name of Corporation as currently filed with the Florida Dept. of State) P01000008728 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the Jesignation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address. 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 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:

President: V→ Vice President: T= Treasurer; S= Secretary; D= Director: TR+ Trustea; 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 heid President, Freasurer, 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> <u>John Doe</u> \underline{V} X Remove Mike Jones $S\Sigma$ X Add Sally Smith Type of Action Title ∑ ame Address (Check One) SURENDRA THAKOORPERSAD 3342 ARCHER AVE 1) ____ Change ORLANDO, FL 32833 _ Add ___ Remove 2) ____ Change ____ Add .___ Remove 3 i ____ Change ___ Add ___ Remove 41 ____ Change ___ Add __ Remove 5) ____ Change __ Add __ Remove Change ___ Add ____ Remove

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary)</i>	(Be specific)
•	
	
•	
(f	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than th
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 we document's effective date on the Department of State's records.	all not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (or the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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	
Signature A Trupuici	
(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)	
SURENDAA THAKENAPERSAA	
Typed or printed name of person signing)	
DIRECTOR PRESCUENT. (Vide of person signing)	
(Vide of person signing)	