AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-02-2002 90806 005 ***61.25
P01000075280

FILED
02 JUL 12 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075280

1. Entity Name: RGN Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1305 NE 104 St.	1305 NE 104 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores FL	City & State: Miami Shores FL
Zip: 33138 Country	Zip: 33138 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 31-1792417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Raynette Nicoleau

Street Address (P.O. Box Number is Not Acceptable): 1305 NE 104 St.

City: Miami Shores FL Zip Code: 33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Raynette Nicoleau 6/27/02
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T/S Raynette Nicoleau 1305 NE 104 St Miami Shores FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D/S Michael Nicoleau 1305 NE 104 St. Miami Shores FL 33138
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

Raynette Gutrick is now Raynette Nicoleau

6/27/02

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Raynette Nicoleau 6/27/02 305-759-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #