# P03000019790

(Requestor's Name)	)
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
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Amend

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T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $\frac{1265}{1}$	cy Shutter T Shapes Inc
DOCUMENT NUMBER: POSOCO	79790
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Bera	VARD SHAIKUW
DSCS A CI	Name of Contact Person
	Firm/ Company
1405	OINSETTIADA HIZ
Delay B	Address  FC. 33444  City/ State and Zip Code
Beruls E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease cail:
BEANIE SHATKIN	at (561) 279-2336  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$\$ enclosed)	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2012

BERNIE SHAIKIN REGENCY SHUTTERS & SHADES INC. 1405 POINSETTIA DRIVE, #12 DELRAY BEACH, FL 33444

SUBJECT: REGENCY SHUTTERS & SHADES INC.

Ref. Number: P03000079790

We have received your document for REGENCY SHUTTERS & SHADES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 612A00006108



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 24, 2012

**BERNIE SHAIKIN** REGENCY SHUTTERS & SHADES INC. 1405 POINSETTIA DRIVE, #12 DELRAY BEACH, FL 33444

SUBJECT: REGENCY SHUTTERS & SHADES INC.

Ref. Number: P03000079790

We have received your document for REGENCY SHUTTERS & SHADES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 812A00001714



#### Articles of Amendment to Articles of Incorporation of

FILED

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SECRETARY OF STATES

SEE FLORIDA

	TATEAHASSI EMEM
(Name of Corporation as currently filed with th	
REGENCY Shutter as	SHAPES INC.
(Document Number of Corporation PO 3000 1917	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the section of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	:
	The new
name must be distinguishable and contain the word "corpord" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1405 POINSETTIA DR. #12 DELRAY BEACH FL. 334411
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1405 POINSETTIA DR #12 DELRAY BEACH FL. 33444
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent	ddress in Florida, enter the name of the
(Florida	a street address)
New Registered Office Address:	, Florida
(C	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	

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:

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 <math>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>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	-		
2) Change Add Remove		_	
3 ) Change Add Remove		_	
4) Change Add Remove		<del></del>	
5) Change Add Remove			
6) Change Add Remove		_	

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The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 for the amendment(s) was/were sufficient for approval
by"
☐ 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 2 / 20 / 1/2 / /
Signature  (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)
(Typed or printed name of person signing)
(Typed or printed name of person signing) $PRεsident$
(Title of person signing)