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(Re	questor's Name)				
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COVER LETTER

Division of Corporations
SUBJECT: REGAL AUTO SPA, INC. Name of Corporation
DOCUMENT NUMBER: 215 P1 0000090 721
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ecic Lomborchi Name of Contact Person
Regal Auto SIA Firm/Company
1808 Banyan Creek Cir N Address
Bayatan Beach # 33436 City/State and Zip Code
Erlombardi 20 @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ecit Lombardi at (501) 302 · 2310 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro statement of change in order to	e is submitted for		rganized .	under the laws o	of the State of _	FLORIS		
1. The name of the	corporation:	REGALAU	15 JPF	I, INC		<u>.</u>		
2. The principal off	ice address:	3420 W.	H ید حو	DORES BLUD	SOITE 10	> <u></u> _		
	<u> </u>	LDCONUT	LREC	K. FL 33	1073			
3. The mailing addr	ess (if different)):		<u> </u>				
4. Date of incorpora	ation/qualification	on: <u>//- 3- 20</u>	10	Document num	nber: <u>P 1 000</u>	000907	721	
5. The name and str Florida Departme		he current register resigned, enter res	_	and registered o	ffice on file w	ith the		
	MATTE	HEW I JO	NES					
	3420	D. HLL SBOR	<u>ه ع</u>	D SUITE 10				
	COLA	UNT CREEK	L.FL	33093		流流	ದ .	
6. The name and str (if changed):						FICE TARY	JUN 17	Canal Ca Canal Canal Canal Canal Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca
	Ecic	Lombarc	<u>li</u>			10 H	3	1
	142 W	14ills hare P.O. Box	3/00	/		STA	2. 23	<u>_</u>
	Duran	P.O. Box	NOT accep	able マミンファ		三茶	្សា	
The street address						s registere	d agent	
as changed will be	identical.							,
Such change was a authorized by the t	outhorized by respond to our	solution duly ado poration has been	n notified	ts board of direct in writing of the	ctors or by an ne change.	officer so		
Molth Significant	an officer or director		M	ATTHEL J	JON €5 typed name and til	PRESI	06~I	
I hereby accept the I further agree to c performance of my agent. Or, if this c hereby confirm the	e appointment a comply with the divites, and I al document is bein a the dorporation	s registered agen provisions of all mamiliar with a ng filed merely to on has been notifi	nt and aga statutes i nd accep reflect a ied in wr	ree to act in this relative to the p t the obligation change in the r tting of this char	capacity. roper and con of my position egistered offic nge.	nplete n as registe ce address,	ered I	
				6-8.	2013			
_	ure of Registered Ager	nt			Date			
If signing on behal	If of an entity:							
Турес	d or Printed Name							

* * * FILING FEE: \$35.00 * * *