P10000090721

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	; #)
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(Do	ocument Number)	
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SECRETARY OF STATE

C. FEWIS SEP 30 2013 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2013

ERIC LOMBARDI / REGAL AUTO SPA, INC. 142 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441

SUBJECT: REGAL AUTO SPA, INC.

Ref. Number: P10000090721

We have received your document for REGAL AUTO SPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

Please check only one box.

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.

Carolyn Lewis Regulatory Specialist II

Letter Number: 913A00020928

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Regal Auto Spa				
DOCUMENT NUMBER: PIDOOD GO 721				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Sic Lombard' Name of Contact Person				
Name of Contact Person				
Regal Ark SpA Firm/Company				
Firm/ Company				
142 W 1611/shaco 31vcl				
Address				
Deerfield Boh PL 33441				
City/ State and Zip Code				
City/State and Zip Code Established So Commission E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Elic Lambordi at (Sal) 302-25/0 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed) Certificate of Status (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of A	Amendment
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Articles of In	
Λ , 1 , 0	13 SED 22
Kegal Auto	Spa 13 SEP 23 AM 8: 50
Name of Corporation as currently filed with the	Florida Dept. of State) TALLE LABORET
Y MAN	Florida Dept. of State) Florida Dept. of State) TALLAHASSEE, FLORIDA (if known)
(Document Number of Corporation	(if known)
(200minum realists of Corporation)	(i. Miowil)
Pursuant to the provisions of section 607.4006, Florida Statutes, this its Articles of Incorporation:	s 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Eric Lombordi
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	142 N Killshow Blud
	Derstield But PL 3344
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Eric Lamberli
	142 W H. 1/shoes 13/ve)
	Deur Greid Dah FL 73441
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent Ecic Lombucc	A
142 W Nellsho (Florida si	oreer address) Dentick Beh 12 35441
New Registered Office Address: Deerly (City	R.h., Florida 3344/ (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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 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 John I</u>	<u>Doe</u>	
X Remove	V Mike	<u>fones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
的Change	PT	Matthew Jones	3420 w Hillship 12/00 10
Add Remove			3420 W HIllships HOW 10, Coconst Creek PL 33073
2) <u>X</u> Change	V to P	Ecic Lombardi	142 GI HIIShow BID Decrepted But Both BL 33941
Remove			Dasi Field Devel For Zana
3)Ohange			
Remove			
4) Change			
Remove	·		
5)'Change	 		
Remove			
6) Change			
Add			

tach additional sheets, if necessary,). (Be specific)				
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n amendment provides for an ex	change, reclassifi	cation, or cand	ellation of issu	ed shares.	
ovisions for implementing the an	nendment if not c	ontained in the	amendment i	tself:	
(if not applicable, indicate N/A)					
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The date of each amendment(s) add	9/23/13	FIL	ED if other than the
date this document was signed.	ption.	13 SFP 22	- Total didn'the
Effective date <u>if applicable</u> :	<u> </u>	SEC.	<u>AM 8:</u> 50
	(no more than 90 days after	r amendment file date HASSE	OF STATE FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of ficient for approval.	votes cast for the amendment(s))
	oved by the shareholders through voting each voting group entitled to vote separa		ા
"The number of votes cast fo	or the amendment(s) was/were sufficient	for approval	
1by	(voting group)	·"	
	(voting group)		
The amendment(s) was/were adopted action was not required.	oted by the board of directors without sha	areholder action and shareholder	.
The amendment(s) was/were adopted action was not required.	sted by the incorporators without shareho	older action and shareholder	
Dated	23/13 Pració	Dent-	
(By a dir	ector, president or other officer - if dire		
	, by an incorporator — if in the hands of a d fiduciary by that fiduciary)	preceiver, trustee, or other court	
-	Ecic Combac Di (Typed or printed name	- Sugaran daring)	
	(irypedioriprinted name	c.or/betsou/signing)	
_	Tresident		
	(Title of person	n sianina)	