

P/1000046395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

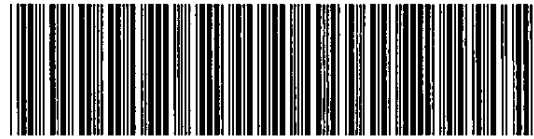
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/11/12--01008--006 \*\*35.00

RW 8/15/12  
Amend

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 AUG -2 PM 1:04

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Regenx Medical Institute Inc.

DOCUMENT NUMBER: P11000046395

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith De La Cruz

Name of Contact Person

Regenx Medical Institute

Firm/ Company

1060 Kane Concourse

Address

Bay Harbour Islands, FL 33154

City/ State and Zip Code

info@regenxmd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith De La Cruz

Name of Contact Person

at ( 305 ) 397-8610

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2012

JUDITH DE LA CRUZ  
REGENX MEDICAL INSTITUTE  
1060 KANE CONCOURSE  
BAY HARBOUR ISLANDS, FL 33154

SUBJECT: REGENX MEDICAL INSTITUTE INC.  
Ref. Number: P11000046395

We have received your document for REGENX MEDICAL INSTITUTE 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):

You failed to make the correction(s) requested in our previous letter.

Document must be signed by and officer/director of the corporation. Registered Agent is not an acceptable signature.

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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 012A00019511

2012 AUG -2 AM 10:19

TO THE CLERK  
SUFFICIENT FOR FILING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2012

JUDITH DE LA CRUZ  
REGENX MEDICAL INSTITUTUTE  
1060 KANE CONCOURSE  
BAY HARBOUR ISLANDS, FL 33154

SUBJECT: REGENX MEDICAL INSTITUTE INC.  
Ref. Number: P11000046395

We have received your document for REGENX MEDICAL INSTITUTE 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 date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 212A00018682

2012 JUL 23 AM 8:34

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG -2 PM 1:04

Regenx Medical Institute Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000046395

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "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 MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

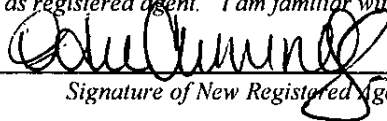
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Edward Cummings  
8580 NW 4th St  
(Florida street address)

New Registered Office Address: Pembroke Pines, Florida 33024  
(City) (Zip Code)

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

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

Address

7350 NW 53rd ST  
Suite #215  
Miami, FL 33166

P.O. Box 80-2124  
Miami, FL 33280

3192 Sheridan Lane  
Hollywood, FL 33021

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1. What is the main purpose of the document?  
 2. What are the key findings of the study?  
 3. What are the limitations of the study?  
 4. What are the implications of the study?  
 5. What are the conclusions of the study?  
 6. What are the recommendations of the study?  
 7. What are the future research directions?  
 8. What are the acknowledgments?  
 9. What are the references?  
 10. What are the appendices?  
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The date of each amendment(s) adoption: \_\_\_\_\_

7/11/12

Effective date if applicable: \_\_\_\_\_

7/11/12

(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 \_\_\_\_\_."  
(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 \_\_\_\_\_

7/30/12

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)

Spencer Golden

(Typed or printed name of person signing)

PD.

(Title of person signing)