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SECRETAIN OF STATES

OCT -7. 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REGAN CF	RUISE & TRAVE	EL, INC.
DOCUMENT NUMB	ER: P 12 0000 461	177	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	JOANNE DIFIOR	E	
•	REGAN CRUISE		
	681 CARSON CF	Firm/ Company REEK RD.	
	NEW PORT RICI	Address HEY, FL 34652	
-		City/ State and Zip Code	3
For further information	E-mail address: (to be us		·
JOANNE DIF	IORE	at (727	<u>845-5370</u>
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address Indiment Section Ision of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment Articles of Incorporation

of

FILED

REGAN CRUISE & TRAVEL, INC.		AM 10: 41
(Name of Corporation as currently filed with the	lorida Dept. of State)	
P 12 0000 46177	SECRETARY:	OP STATE
(Document Number of Corporation (f known)	-, I LUMBA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amends	nent(s) to
A. If amending name, enter the new name of the corporation:		
N/A	The ne	
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 to	on he
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)	N/A	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent N/A	ress in Florida, enter the name of the	
The state of the s		
(Florida s	reet address)	
New Registered Office Address: N/A	, Florida	
City		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	with and accept the obligations of the position.	

			r/director being removed and title, name, and
address of each Offic (Attach additional she			
		the first letter of the office title:	
P = President; V = Vic	ce President; T= O = Chief Finar	Treasurer; S= Secretary; D= Director; TR= ncial Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chiej e than one title, list the first letter of each office
Changes should be no a change, Mike Jones	ted in the followi leaves the corpo	ing manner. Currently John Doe is listed as th ration, Sally Smith is named the V and S. Thes	e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
Mike Jones, V as Reme Example:	ove, and Salty Sn	nith, SV as an Add.	
X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	GALE A. HARTMANN	681 CARSON CREEK RD.
Add			LIMESTONE, TN 37681
X Remove			
2) Change	Р	JOANNE DIFIORE	5623 US HWY 19
X Add	*****		SUITE 101
Remove			NEW PORT RICHEY, FL 34652
3)Change			
Add			
Remove			
A) Observe			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			

6) ____ Change

___ Add

____ Remove

If amending or adding additional Arti (Attach additional sheets, if necessary).		
/A		
	<u> </u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	enument is not contained in the amendment itsen.	
I/A		
4, , ,		

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Defractive data if amplicables	
(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)	
(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 SEPTEMBER 25, 2013	
Signature X La anne Difeare	
(By/2) 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)	
- JOANNE DIFIORE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	