P15000049393

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OCT 2 6 2018

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COVER LETTER

Division of Corporations

NAME OF CORPOR	RATION: Masterpiece Decor.	, Inc.		
DOCUMENT NUME	P1500049393			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this made	tter to the following:		
	Shae Brianne Regan			
		Name of Contact Person	n	
	The Artistry of Shae Regan Corp			
		Firm/ Company	<u> </u>	
	4975 City Hall Blvd Box	7176		
		Address		
	North Port, FL 34286			
		City/ State and Zip Cod	e	
Shan	AtCA@gmail.com			
		sed for future annual report	notification)	
	I, then beginning to be an		······································	
For further information	n concerning this matter, pleas	se call:		
Shac Regan		941-343-34 at (34)	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassec, FL 32314	Ameno Divisio Cliftor 2661 E	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as curren	itly filed with the Florid	a Dept. of State)
P15000049393			
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpora	ction adopts the following amendment(s
A. If amending name, enter the new na	ime of the corporation:		
The Artistry of Shae Regan Corp			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional c	ncorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		N/A	2018 OCT 24 PM 4: 46 SEUIL AHASSEE. FL
D. If amending the registered agent an new registered agent and/or the ne			he name of the
Name of New Registered Agent	Shae Brianne Regan		
	4975 City Hall Blvd B	Sox 7176	
	(Florida	street address)	
New Registered Office Address:	North Port		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: Ir with and accept the obli	igations of the position.

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.

X Change	<u>PT</u> <u>Jol</u>	n Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Jean Ann Jergensen	4975 City Hall Blvd.
Add			Box7176
X Remove			North Port, FL 34286
. 2) Change	D	Shae Brianne Regan	4975 City Hall Blvd.
X Add			Box 7176
Remove			North Port, FL 34286
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
F If an amendment provides for an exch-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

WITHIN PROCESS	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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"	
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.	
Oct. 16th. 2018	
Signature (By a director, president or other officer - Currectors or officers have not been	MIN .
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	\mathcal{G}
appointed fiduciary by that fiduciary)	
Shae Brianne Regan	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	
LTHE OF DETSON SIRBING)	