## P16000080141

(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:				
Q. SILAS				
11/29/21				

Office Use Only

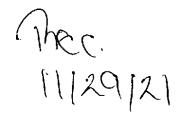


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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2021

BRIAN REGA 7374 CENTRAL INDUSTRIAL DR. STE 1 RIVIERA BEACH, FL 33404

SUBJECT: REGA BROTHERS CORP

Ref. Number: P16000080141

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you are wanting to change MANDEE REGA, please complete the enclosed Amendment form. You cannot file Restated Articles of Incorporation to onlychange the title.

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.

Querida R Silas Regulatory Specialist II

Letter Number: 521A00027565

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REGA BROTHER	S CORP.	
DOCUMENT NUMB	ER: <u>P16000080141</u>		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	MANDEE REGA		
<u>.</u>	THE BETTERN	Name of Contact Persor	1
ļ	REGA BROTHERS CORP		
_		Firm/ Company	
•	7374 CENTRAL INDUSTRI	IAL DR SUITE I	
_		Address	
!	RIVIERA BEACH, FL 3340	4	
		City/ State and Zip Code	e
	Mandee@completeslidingdo E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)
Mandee Rega		at ( 954	) 778-0008
Name of	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:
S35 Filing Fec	☐\$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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2021 NOV 29 PH 6: 12
ly filed with the Florida Dept. of State)
SECRETARY OF STATE
f Corporation (if known)
Florida Profit Corporation adopts the following amendment(s) to
The new
company," or "incorporated" or the abbreviction "Corp.,"  A professional corporation name must contain the word
N/A
N/A
ress in Florida, enter the name of the
reet address)
. Florida
(City) (7½p Code)
<u>.</u>
in the same is a second section with and accept the obligations of the position.
egistered Agent, if changing
-commence of the same of the s

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Nar	<u>nc</u>		<u>Addres</u> s
1) X Change	VP	Ma	indee Rega		7374 Central Industrial
Add					Drive - Suite 1
Remove					Riviera Beach, FL 33404
2) Change		_		<del></del>	
Add					
Remove Change					
Add					
Remove					
4) Change			·	· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			—	<del></del>	
Add					
Remove					

(Attac	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/A		
- :: •		
<del></del>		
		<del></del>
		-
F. <u>If an</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	
	j noi applicable, inaicale (VA)	
N/A		
		<del></del>
		<del> </del>

The date of each amendment	s) adoption: <u>N/A</u>	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amen	dment file date)
	is block does not meet the applicable statutory file. Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes e sufficient for approval.	east for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately of	
"The number of votes	ast for the amendment(s) was/were sufficient for a	pproval
by N/A		
	(voting group)	
Dated Octobe	20, 2021	
Signature	British	
sei	a director, president or other officer – if directors of ected, by an incorporator – if in the hands of a recei ointed fiduciary by that fiduciary)	
	Brian Rega	
	(Typed or printed name of person si	gning)
	President	
	(Title of person signing)	