

(Requestor's Name)			
(Nequestor's Name)			
(Address)			
(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



600306983226

12/26/17--01025--014 **35.91

311 0c0 20 PK 1:40

C GOLDEN
DEC 2 7 2017.

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	REGENEXMD, INC. (Name of Corporation)
DOC	UMENT NUMBER: P17000046322
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
DA	VID POCES
	(Name of Person)
RE	GENEXMD, INC.
	(Name of Firm/Company)
PC	BOX 1088
	(Address)
BC	CA RATON, FL 33429
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
DA	(Name of Person) at (561) 302-6820 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O. I	ing Address: Indigent Section Identify S

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MANUEL MANAYA	, hereby resign as VICE PRESIDENT
of REGENEXMD, INC.	(Title)
Name of Corpo	rporation)
Marine	2011 DEC 25 PH 1: 45

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314