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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | v |
|--|------------------------------|
| NAME OF CORPORATION: ROJA Claim Consultan DOCUMENT NUMBER: P21000078881 | ts, Inc. |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Name of Contact Person Rega Claims Consultan Firm/Company 7374 Central Industrial Address Riviera Beach A 3340 City/State and Zip Code E-mail address: (to be used for future annual report notification) | ts, Inc. Or. Gt.1 |
| For further information concerning this matter, please call: | |
| Name of Contact-Person at (\(\subseteq \text{S4} \)) 775 Area Code & Daytime | OOO & Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State | e: |
| S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Fi Certificate of Status Certified Copy (Additional copy is enclosed) (Additional is enclosed) Certificate of Status Certified Copy (Additional copy is enclosed) | of Status Copy al Copy |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallaTallahassee, FL 323142415 N. Monroe Str | hassee |

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

| Rega Claims Cons | 11+ants Inc |
|---|--|
| (Name of Corporation as currently | med with the Fibrida Dept. of State) |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| 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 addre | ss in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| | |
| (Florida stree | t address) |
| New Registered Office Address: | , Florida |
| (1 | City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | |
| Thereby accept the appointment as registered agent. I am familiar w | in and accept the obligations of the position. |
| | |
| Signature of New Re | istered Agent, if changing |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c) |). 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 | PT John | <u>1 Doe</u> | |
|----------------------------|------------------------|--------------|--|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u> Pres</u> | Brian Rega | 7374 Central Indus Driv |
| Add Remove 2) Change Add | <u> </u> | Mandee Rega | Riviera Beach Fl 33404 1374 Central Industrial Dr. Softenera Beach Fl 33404 |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach ad | ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific) | |
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| fan ame | ndment provides for an exchange, reclassification, or cane | ellation of issued shares, |
| provisio (if m | ns for implementing the amendment if not contained in the or applicable, indicate N/A) | amenament usen: |
| (;) | , in the state of | |
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| , | 9/8/2021 | , if other than the |
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| date this document was signed. | 18/2021 | |
| Effective date if applicable: | · · · · · · · · · · · · · · · · · · · | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department of | not meet the applicable statutory filing requirements, this if State's records. | date will not be listed as the |
| Adoption of Amendment(s) (C | HECK ONE) | |
| The amendment(s) was/were adopted by the action was not required. | e incorporators, or board of directors without shareholder a | ction and shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of votes cast for the amendment approval. | nt(s) |
| | he shareholders through voting groups. The following state g group entitled to vote separately on the amendment(s): | ement en |
| "The number of votes cast for the am | endment(s) was/were sufficient for approval | |
| by | ''' | |
| (ve | oting group) | |
| Dated 9/8/21 | | |
| selected, by an inc | sident or other officer – if directors or officers have not bee corporator – if in the hands of a receiver, trustee, or other early by that fiduciary) | |
| | Mandee Rega (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |