## P24 0000 22466

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: REGAL INSURA	NCE CO & FINACIAL SE	RVICES INC		
DOCUMENT NUM	BER: P24000022466				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:			
	LUIS EUGENIO DAVILA				
	Name of Contact Person				
		Firm/ Company			
	1500 NW 89TH CT STE 106	)			
		Address			
	DORAL FL 33172				
		City/ State and Zip Code	e		
	LUIS@REGALTAX.US				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
LUIS DAVILA		at (	6038310		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or 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)		
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 (	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

## REGAL INSURANCE CO & FINACIAL SERVICES INC

(Name of Corporation as	currently filed with the Florida D	Dept. of State)
P24000022466		
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	<u>stion:</u>	
REGAL INSURANCE CO & FINANCIAL ADVISORS IN	C	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	'Co". A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	N)
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
		- <del>'</del> ;
		1
C. Enter new mailing address, if applicable:	N/A	<del>-</del> 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>
		<b></b>
	<del></del>	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		name of the
N/A		
Name of New Registered Agent	··	<del></del>
	lorida street address)	
New Registered Office Address: N/A	(City)	Florida
	(Ciỳ)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligat	tions of the position.
Sionature a	of New Registered Agent, if changing	18.
	, a ragrini y manigin	.,

Check if applicable

 $\square$  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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change		_	
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach addition	adding additional Ar al sheets, if necessary)	(Be specific)				
N/A						
_						
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. If an amendme	ent provides for an ex	change, reclassifi	cation, or cancell	ation of issued sha	res,	
(if not ap	implementing the andicable, indicate N/A)	ienament it not c	ontained in the ai	nenament usen:		
∜A						
			<del></del>			
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		•				
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	N/A	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
N/A Effective date <u>if applicable</u> :		
<u>ii appireusie</u>	(no more than 90 days after amendment file o	late)
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirer partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the ficient for approval.	amendment(s)
• •	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amena	•
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/03/2024 Dated	Liunsamti	
(By a di selected	rector, president or other officer – if directors or officers had an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	
	LUIS EUGENIO DAVILA	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
-	(Title of person signing)	