

P97000069359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

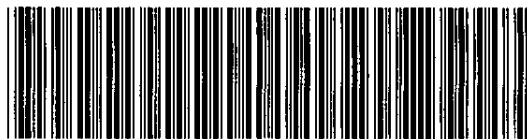
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Certified Copies _____

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2009 JAN 16 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC/Amend
Sof

1-2305

JANE YEAGER CHEFFY
ATTORNEY AT LAW
2375 TAMiami TRAIL NORTH, SUITE 310
NAPLES, FLORIDA 34103
Telephone No: (239) 263-1130
Facsimile No: (239) 263-3827

January 13, 2009

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Document Number: P97000069359
Grand Inn of Naples, Inc.

Dear Sir or Madam:

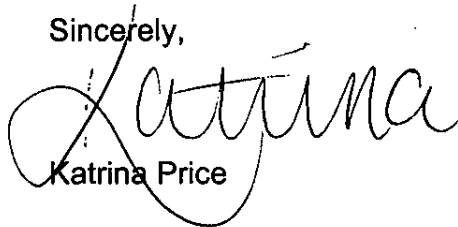
Enclosed please find the following with regards to the above referenced corporation:

- (1) Cover Letter
- (2) Articles of Amendment to Articles of Incorporation of Grand Inn of Naples, Inc.
- (3) Check in the amount of \$43.75 made payable to Division of Corporations representing the filing fee of \$35.00 and \$8.75 for a Certificate of Status.

Please file accordingly.

Should you have any questions, please feel free to contact the undersigned.
Thank you.

Sincerely,



Katrina Price

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRAND INN OF NAPLES, INC.

DOCUMENT NUMBER: P97000069359

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANE YEAGER CHEFFY

(Name of Contact Person)

JANE YEAGER CHEFFY, ATTORNEY AT LAW

(Firm/ Company)

2375 TAMiami TRAIL NORTH SUITE 310

(Address)

NAPLES, FLORIDA 34103

(City/ State and Zip Code)

For further information concerning this matter, please call:

Katrina Price

(Name of Contact Person)

at (239) 263-1130

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GRAND INN OF NAPLES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000069359

(Document Number of Corporation (if known))

FILED
2009 JAN 16 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

REGAL POINT DEVELOPERS, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Michael Kessous	1100 Pine Ridge RD Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Eyal Y. Kessous	1100 Pine Ridge Rd Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 1-12-09

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 _____."
(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.

Dated 1-12-09

Signature [Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael Kessous

(Typed or printed name of person signing)

President

(Title of person signing)