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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Regal Travel Services, Inc.		
DOCUMENT NUMBER: L93640		
The enclosed Articles of Dissolution and t	ee are submitted for filing	<u>1</u> .
Please return all correspondence concerning	g this matter to the follow	ing:
Donna L. Draves, Esq.		
(Name of	Contact Person)	
The Draves Law Firm, P.A.		
(Firm	n/Company)	
120 E Concord St		
(A	ddress)	
Orlando, FL 32801		
(City/Sta	te and Zip Code)	
For further information concerning this mat	tter, please call:	
Donna L. Draves	at (at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
■ \$35 Filing Fee	□ \$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	Amen Divisi	t Address: Idment Section Ion of Corporations Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Regal Travel Services, Inc.		
SECOND:	The document number of the corporation (if kncwn):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:	_	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this not be listed as the document's effective date on the Department of State's records.	date w	ili
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter the articles of incorporation.	and	
		2020 MAR 23	MAISION OF CURPORTIN
\$	Signature: / A lmi / 22 / 22 / 2	PM 4: 23	ATTENDED TO
	(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)	_	
_	Patricia M. Meid!		
	(Typed or printed name of person signing)		
	President/Secretary/Treasurer/Director		
-	(Title of versan signing)		

Filing Fee: \$35