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2020 APR 21 P 12:20



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

STAMP

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 000795375	2. The name of the corporation is: Reagan, Inc.												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on: 4-21-2020													
4. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; border-bottom: 1px solid black;">Class of Stock</th> <th style="text-align: left; border-bottom: 1px solid black;">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">1,000</td> <td style="border-bottom: 1px solid black;">common</td> <td style="border-bottom: 1px solid black;">no par value</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 5px;">Check the box to indicate no change <input type="checkbox"/></div>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	1,000	common	no par value						
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
1,000	common	no par value											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/> </div>													

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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APR 21 2020

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17.75

8. If adding or amending additional provisions, complete the following section:

No stockholder shall sell any of his/her/its stock of the corporation without first giving written notice to the corporation and giving the corporation the right to purchase at the lowest price at which stockholder is willing to sell. The corporation shall have thirty (30) days from the receipt of said offer, within which to exercise the its right to purchase. If said offer is not accepted within said time, or if the corporation waives the right of preemption, the stockholder shall be at liberty to sell said stock for not less than the price set forth in the notice.

Check the box to indicate an attachment

Check the box to indicate no change

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

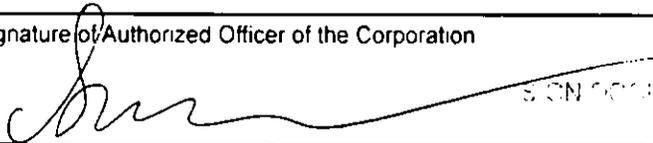
Type or Print Name of Authorized Officer of the Corporation

Date

SCOTT A. MCGEE, PRESIDENT

04-21-2020

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 21, 2020 12:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

