

738382

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

LIFE EXTENSION FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LIFE EXTENSION FOUNDATION, INC.
- 2. The principal office address: 1100 West Commercial Blvd., Fort Lauderdale, FL 33309
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/16/1977 Document number: 738382
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
 - Henry Venis CPA
 - 2433 East Sunrise Blvd. Penthouse North
 - Fort Lauderdale, FL 33304

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
1200 South Pine Island Road
 (P.O. Box NOT acceptable)
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]

 (Signature of an officer or director)

Paul Gallego

 (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Anthony LiCausi

 (Signature of Registered Agent)

9-20-06

 (Date)

If signing on behalf of an entity:

Anthony LiCausi
Vice President

 (Typed or Printed Name)

*** FILING FEE: \$36.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6247, TALLAHASSEE, FL 32314
 CR2B045 (8/05)