

May 8, 2001

VIA REGULAR MAIL

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

400004213194--2 -05/11/01--01136--018 ****105.00 ******35.00

Re: Statement of Change of Registered Office

Dear Sir or Madam:

Enclosed are completed Statements of Change of Registered Office for the following companies:

Rejuvenation Centers, LLC Rejuvenation Centers, Inc. Jomar Cosmeceuticals, Inc.

Also included is a check in the amount of \$105.00 for the filing fees for each corporation (\$35.00 each).

Please contact me should you have any questions.

Sincerely,

Trisha Drummet

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

Pursuant to t	the provisions of sections 60\$.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
submits the fo the State of Fl	ned corporation organized under the laws of the State ofFlorida
	of the corporation: Rejuvenation Centers, LLC
	g address of the corporation: 2925 Aventura Blvd., Suite 207 entura, FL 33180
3. Date of inc	corporation/qualification: 12/15/00 Document number: L00000015628
4. The name ar	nd address of the current registered agent and office:
	Jodi B. Laurence
	500 E. Broward Blvd., Suite 1130
-	Ft. Lauderdale, FL 33394
5. The name ar	nd address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
	Jodi B. Laurence
	2925 Aventura Blvd., Suite 207
	Aventura, FL 33180
The street addragent, as chang	ress of its registered office and the street address of the business office of its registered ged, will be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so
- lor	of an officer, chairman or vice chairman of the board)
Jodi B. L	aurence, President
·	(Printed or typed name and title)
Having been na corporation, I h I further agree to performance of registered agen	amed as registered agent and to accept service of process for the above stated are service of process for the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as
ACCH	Januara 5/8/10/
If coming on help 19	(Date)
If signing on behalf Jodi B. La	
	Typed or Printed Name) (Capacity)

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *