

P09000076553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

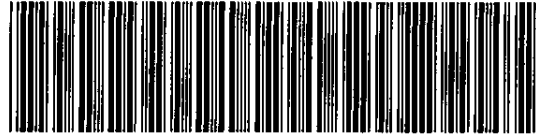
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800180648678

800180648678
02/24/11--01040--003 **50.00

FILED
2011 MAR 17 P 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend AC
Tewis
3-17-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KHORIONYX-USA, INC.

DOCUMENT NUMBER: P09000076553

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

Please return all correspondence concerning this matter to the following:

MARISSA HARRELL, PHD.

(Name of Contact Person)

(Firm/ Company)

34156 U.S HWY 19 N

(Address)

PALM HARBOR, FLORIDA 34684

(City/ State and Zip Code)

MARISSA@FOUNTAINOFYOUTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISSA HARRELL, PHD.

(Name of Contact Person)

at (727) 781-0818

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2011

MARISSA HARRELL, PHD.
KHORIONYX-USA, INC.
34156 U.S. HIGHWAY 19 N
PALM HARBOR, FL 34684

SUBJECT: KHORIONYX-USA, INC.
Ref. Number: P09000076553

We have received your document for KHORIONYX-USA, INC. and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to process your document you must complete the Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 211A00005837

Thelma -
PLEASE SEE ATTACHED

RECEIVED
11 MAR 17 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2011

REGENERATIVE MEDICINE, INC.
34156 US HWY 19 NORTH
PALM HARBOR, FL 34684

02241101040003

Subject: **REGENERATIVE MEDICINE, INC.**
RE: 211A00004752

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

A corporation name cannot be changed on a fictitious name application. You must complete and submit the enclosed Articles of Amendment to change the corporation name.

Attached

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

TO: Tina D Cauley
Reinstatement Section
Division of Corporations

Letter No. 211A00004752

Articles of Amendment
to
Articles of Incorporation
of

KHORIONYX-USA, INC.

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

P09000076553

(Document Number of Corporation (if known))

FILED

2011 MAR 17 P 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

REGENERATIVE MEDICINE, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

34156 US HWY 19 N

PALM HARBOR, FLORIDA 34684

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

34156 US HWY 19 N

PALM HARBOR, FLORIDA 34684

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:

MARISSA HARREL, PHD.

New Registered Office Address:

34156 US HWY 19 N

(Florida street address)

PALM HARBOR

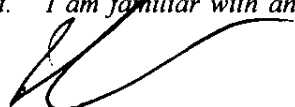
(City)

Florida 34684

(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.

X 

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>
RA#0	Edward Richardson, Esq.	101 E. Kennedy Blvd. Suite 2800 TAMP, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
RA#0	Marissa Harrell, Phd.	34156 US 19 N Palm Harbor, FL 34583	<input checked="" 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: 2/22/11
(date of adoption is required)

• 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 3/14/11

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)

Marissa Harrell, PhD.
(Typed or printed name of person signing)

Registered Agent/Officer
(Title of person signing)