## P09000084815

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From Charles Scimeca 1.786.441.1941 Wed May 20 13:49:56 2015 EDT Page 1 of 7

Att TIWA

850-245-6013

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

CHARLES J SCIMECA TECHNOLOGY APPLICATIONS INTERNATIONAL CO 150 SE 2ND AVE, STE 403 MIAMI, FL 33131 US

SUBJECT: TECHNOLOGY APPLICATIONS INTERNATIONAL CORPORATION

Ref. Number: P09000084815

We have received your document for TECHNOLOGY APPLICATIONS INTERNATIONAL CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN PROFIT CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 615A00009525

Nime Change

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

Division of corporations	•
NAME OF CORPORATION: Tech No L. DOCUMENT NUMBER: PO 9 000	084815 CORPORATIONS International CORPORATION
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
<u>Charles</u> <u>Technology</u>	Name of Contact Person  Hospications International Firm Company Corporation  Ned Ave Sorte 403
150 SE 2	nd Ave Soute 403 Address
Mlami F	City/ State and Zip Code
C S C I W e C I E-mail address: (to be use	A G 9 Mail I COM ed for future annual report notification)
For further information concerning this matter, please	e call:
Charles J Sciweca  Name of Contact Person	at (949) 355-8714  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  CERTIFICATE OF CALID  CERTIFICATE OF CALID
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of	•	, ,		
Technology Applica	LCUS on as currently	Inter	National  lorida Dept. of Sta	LOR pon	<u>ation</u>
000000	8481	5			
		Corporation (if k	nown)	***************************************	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	Florida Profit Co	rporation adopts the	e following amendmen	nt(s) to
A. If amending name, enter the new name of the co	rporation:				
Rejuvel Blo-	Scien	uces,	INC.	The new	
name must be distinguishable and contain the work "Corp.," "Inc" or Co" or the designation "Corp., word "chartered," "professional association," or the	d "corporation ," "Inc," or "C	n," "company," Co". A professio	or "incorporated"	or the abbreviation ime must contain the	
B. Enter new principal office address, if applicable	<b>:</b>				
(Principal office address MUST BE A STREET ADD	ORESS )			15	TAE SE
				D	LAE LAE
					SE T
C. Enter new mailing address, if applicable:	Δ <b>υ</b> ι			9	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>A</u> )				그유미
				<u>ယ</u> ယ	OR TA
		·····			EG AG
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office addr office address:	ess in Florida, e L	nter the name of th	1 <u>e</u>	
Name of New Registered Agent					
		-			
	(Florida stre	eet address)			r
New Registered Office Address:			, <del>\ilde\taki</del>	- @RC 92200	2000
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Res. I hereby accept the appointment as registered agent.	g <mark>istered Agent:</mark> I am familiar v	<u>:</u> vith and accept th	he obligations of the	position.	
Sign	nature of New R	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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John D	<u>Xxe</u>			
X Remove	¥	Mike J	<u>lones</u>			
X Add	SV	Sally.S	kmith			
Type of Action (Check One)	"Title		Name	<u>Addres</u> s		
1) Change		_			<del></del>	
Add					<del></del>	
Remove						
2) Change		<del></del>		<del> </del>		
Add						SECRET TALLAH
Remove					MA	) 
3 ) Change		_			20	TARY OF TASSEE, F
Add				<del></del>	<u> </u>	
Remove					3: 37	F STATE
4) Change		_				A
Add						
Remove				<del></del>		
5) Change		_	<del></del>			
Add					- <del></del>	
Remove					<del></del>	
6) Change		_				
Add						
Remove				<u> </u>		

ttach additional sheets, if necessary). (Be specific)	
	************
	***************************************
	<del>55</del>
	5 <del>1</del>
	7 20
	<u> </u>
	37
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)	
(ij noi applicable, indicale trex)	
	·····

The date of each amendment(s) adoption:	if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill not be listed as th
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.	SECO TALL.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	LAHASSI MAY 20
Dated 5-12-15	
Signature Chily J Scenier	STATI LORIG 3: 37
(By a director, president or other officer - if directors or officers have not been	) <sub>A</sub>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed reductary by that reductary)	
Charles J Scimeca	
(Typed or printed name of person signing)	
President	
(Title of person signing)	