

P09000084815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

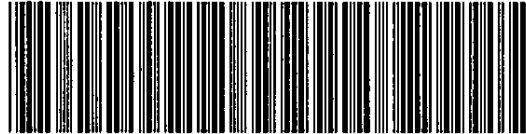
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300279377853

11/23/15--01036--017 **35.00

2015 NOV 23 PM 3:39
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

NOV 30 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rejuvel Bio-Sciences, Inc
Name of Corporation

DOCUMENT NUMBER: PO9000084815

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles J Scimeca
Name of Contact Person

Rejuvel Bio-Sciences
Firm/Company

150 SE 2nd Ave Suite 403
Address

Miami FL 33131
City/State and Zip Code

CSCIMECA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles J Scimeca at (949) 355-8714
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**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: Rejuvel Bio - Sciences, Inc.
2. The principal office address: 150 SE 2nd Ave Suite 403
Miami FL 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-14-09 Document number: PO9000084815

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned - Law Offices of Andrew Caldwell
1220 Rosecrans Street
PMB 258 San Diego, FL 92106

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

Charles J Scimeca
150 SE 2nd Ave. Suite 403
P.O. Box NOT acceptable
Miami, FL 33131

FILED
2015 NOV 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Charles J Scimeca
Signature of an officer or director

Charles J Scimeca President + CEO
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.

Charles J Scimeca
Signature of Registered Agent

11-20-15
Date

If signing on behalf of an entity:

Charles J Scimeca
Typed or Printed Name

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