

PII 000071356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rejuvel Int'l Inc.
Name of Corporation

DOCUMENT NUMBER: P11000071356

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 Int'l, Inc
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 Int'l, 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: 8-9-2011 Document number: P11000071356
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 C. L. D. C. U. T. T
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
MIAMI, FL 33131

P.O. Box NOT acceptable

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 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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