P13000027942

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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Amend 1004/14

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corpor	ations				
NAME OF CORPORA	REJUVE ER: P1300002		NICS, INC.		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
<u>[</u>	BRIAN BLACK				
<u>.</u>	Name of Contact Person REJUVE HEALTH CLINICS, INC.				
5	Firm/ Company 530 S. RONALD REAGAN BLVD., SUITE 116				
<u> </u>	LONGWOOD, FL 32750				
	MrBrianBlack@ E-mail address: (to be u	City/ State and Zip Cod Dyahoo.com sed for future annual report			
For further information	concerning this matter, pleas	se call:			
BRIAN BLACK		at (321	277-2860		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment 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 Tallahassec, FL 32301			

Articles of Amendment to Articles of Incorporation



REJUVE HEALTH CLINICS, INC.

(Name of Corporation as currently filed with the F	Florida Dept. of State)	
P13000027942		
(Document Number of Corporation (i	if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following at	mendment(s) to
A. If amending name, enter the new name of the corporation:		
		he new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con "P.A."	eviation stain the
B. Enter new principal office address, if applicable:	530 S. RONALD REAGAN BLVD.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 116	
	LONGWOOD, FL 32750	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:	
Name of New Registered Agent N/A		
(Florida str	reet address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
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)

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.

Example: X Change	PT John	<u>Doe</u>		
X Remove	V Mike	Mike Jones		
X Add	SV Sally	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	JAMES SKALKO	130 BOMAR COURT	
Add			SUITE 180	
Remove			LONGWOOD, FL 32750	
2) Change	CEOPS	BRIAN BLACK	530 S. RONALD REAGAN BLVD	
Add			SUITE 116	
Remove			LONGWOOD, FL 32750	
3) Change	EVP	DR. SHANE CARTER	530 S. RONALD REAGAN BIV >.	
Add			SUITE 116	
Remove			LONGWOOD, FL 32750	
4) Change				
Add			The state of the s	
Remove				
5) Change				
Add				
Remove				
6) Change	.	 		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	, y ,,eeeee., y,. (.	- c sp g g			
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F. If an amendment pro provisions for imple	menting the amend	ge, reciassificati ment if not cont	on, or cancenaus sined in the ame	on or issued snares adment itself:	2
(if not applicable	e, indicate N/A)				
N/A	,			 	
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The date of each amendment(s) adoption:	, if other than the
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)	
(voling 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 01/06/2014	
P.A.	
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)	
BRIAN BLACK	
(Typed or printed name of person signing)	
CEO AND PRESIDENT	
(Title of person signing)	