## P130000011942

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SECRETARY OF STATEMENT OF CORPORATIONS

2015 APR -2 PH 1: 30

Amend (10 4. n. 15

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: REJUVE H	EALTH CLINICS	S, INC.			
	DOCUMENT NUMBER: P13000027942					
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:				
	BRIAN BLACK					
		Name of Contact Persor	1			
	REJUVE HEALT	H CLINICS, INC	•			
	,	Firm/ Company				
	695 DOUGLAS A	VENUE				
		Address				
	ALTAMONTE SF	RINGS, FL 327	14			
	·	City/ State and Zip Cod	e			
Mr	BrianBlack@yaho	o.com				
		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
BRIAN BLAG	CK	at (321	277-2860			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)			
Ma	illing Address	Street Address				
	nendment Section	Amendment Section				
	vision of Corporations	Division of Corporations				
	). Box 6327	Clifton Building				
l a	llahassee, FL 32314		Executive Center Circle assee, FL 32301			
		1411411	MUDDEN I IN SMACK			

Articles of Amendment to Articles of Incorporation of



RF.	IUV	F HF	AI TH	CHI	NICS.	INC
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(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
P13000027942			
(Documer	t Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	forida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
NE		7	The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abb o". A professional corporation name must co	previation
B. Enter new principal office address,	if annlicable:	695 DOUGLAS AVENUE	
(Principal office address MUST BE A S		ALTAMONTE SPRINGS, FL 32714	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		695 DOUGLAS AVENUE	
		ALTAMONTE SPRINGS, FL 32714	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	BRIAN BLACK		
	695 DOUGLAS	AVENUE	
	(Florida stree	et address)	
New Registered Office Address:	ALTAMONTE SF	, i lorida	
The second secon	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
		ith and accept the obligations of the position.	
<del></del>			
Si	gnature of New Registered Ag	gent, 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	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		Name		<u>Addres</u> s	
1) Change	CEO		BRIAN BLACK		695 DOUGLAS AVENUE	
Add		_			ALTAMONTE SPRINGS,	
Remove					FL 32714	
2) Change	PS		BRIAN BLACK		695 DOUGLAS AVENUE	
Add		<u></u>			ALTAMONTE SPRINGS,	
Remove					FL 32714	
3) Change						
Add						
Remove						
4) L. Change		_		_		
∧dd						
Remove						
5) Change		_				
Add						
Remove						
6) Change	a - 1	_		····	All the state of t	
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	
<b>.</b>	
,	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ly non applicable, indicate to A)	
uw.	

date this document was signed.	on:	_, ii other than the
Effective date if applicable:		
Energy date in 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 was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated (MARCHI23	9, 2015	
Signature	THE	_
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	BRIAN BLACK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	