## P17000081475

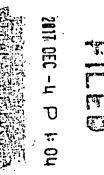
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Society for the	ne Rescue of Our Elders, Inc.
DOCUMENT NUMBER: P17000081475	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jason Greenstein, Esq.	
	Name of Contact Person
	Firm/ Company
3600 W Commercial B	lvd
<del></del>	Address
Fort Lauderdale, FL 33	309
<del></del>	City/ State and Zip Code
legal@lifeextension.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	, please call:
Jason Greenstein, Esq.	at (954 ) 766-8433
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fe Certificate of Sta	
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

## Articles of Amendment **Articles of Incorporation** of

Society for the Rescue of Our Elders, Inc.			
(Name of Corporation	on as currently filed with the Flor	ida Dept. of State)	
P17000081475			
(Docum	ent Number of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the co	rporation:		T)
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	""Inc," or "Co". A professiona		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> )		
			<del></del>
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent			
	(Florida street address)	<del>-</del>	
New Registered Office Address:	·	. Florida	
ivew Registered Office Address.	(City)	, riolida	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		bligations of the pos	ition.
Sign	ature of New Registered Agent, if c	hanging	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	Bill Faloon	3600 W Commercial Blvd
Add			Fort Lauderdale, FL 33309
X Remove			
2) Change	P	Greg Strom	1501 NW 79th Terrace
X Add			Fort Lauderdale, FL 33024
Remove			
3) Change			8 - 18 - 18 - 19 - 19 - 19 - 19 - 19 - 1
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

I amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
			<u>-</u>
		<del></del>	
		W. 16-16-16-16-16-16-16-16-16-16-16-16-16-1	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or candined in t	ncellation of issued shares he amendment itself:	<u>.</u>
	<del>.</del>		

The date of each amendment(s) adoption:	, if other than the
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.	ill not be listed as the
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)	
(voting 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 //- 28 - 20 / 7	
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)	
BILL Falcon	
(Typed or printed name of person signing)	
Bill Falcon (Typed or printed name of person signing) President	
Tresident (Title of person signing)	
(Time of berson pigming)	