

P09000084815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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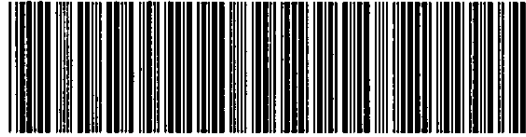
(Business Entity Name)

(Document Number)

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**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: Rejuvenel 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 Coldicutt  
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

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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 \*\*\*