

UNOFFICIAL COP

FORM NFP 105.10/105.20 (rev. Dec. 2003) STATEMENT OF CHANGE OF

REGISTERED AGENT AND/OR REGISTERED OFFICE

General Net For Profit Corporation Act

SECRETARY OF STATE JESSE WHITE FILED 08/03/06

Doc#: 0624347202 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 08/31/2006 02:17 PM Pg: 1 of 2

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 217-782-3647 www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

ان	ecretary of State.		File #_58864	1781	Filing Fee: \$5	Approved: SB			
	Submit in	cuplicate		early in black ink —	Do not write	above this line			
•	Corporate Name: AMERICAN ACADEMY OF ANTI-AGING MEDICINE, INC. CP0365989					CP0365989			
	State or Country of	, 11.001P01mm=1-	LLINOIS						
	Name and Address Secretary of State	s of Registered A (before change):	ont and Registe	red Office as they	appear on the reco	rds of the Office of the			
	Registered Agent		First Name	A. Middle Na	PAYNE La	st Name			
	Registered Office	2300 BARRINGT		SUITE 220	Suite No. (P.O. Box al	one is unacceptable)			
		HOFFMAN EST	ATES	6)195 ZIP code	COOK	nty			
١.	Name and Address of Registered Agent and Registered Office after all changes herein are reported:								
	Registered Agent		First Name	A. Middle Na	PAYNE	ast Name			
	Registered Office	2800 W. HIGGII	NS ROAD Street	SUITE 160	Suite No. (P.O DO) a	lone is unacceptable)			
		HOFFMAN EST	ATES	60195 ZIP code	COOK	inty			
5.	The video ress of the be identical.	ne registered offic	e and the addres	ss of the business o	ffice of the register	ed agent, as changed, v			
6	a. 🛛 Resolutio	ge was authorized on duly adopted b the registered ag	y the board of di	rectors. (Jee iv	ote 5 on reverse.) ote 6 on reverse.)				

SEE REVERSE FOR SIGNATURE(S).

Robinson Payne LLC 2800 West Higgins Road Hoffman Estates, IL 60169-7221

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UNOFFICIAL CO

If authorized by the board of directors, sign here. (See Note 5 below.) The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, to penalties of perjury, that the facts stated herein are true and correct.	under

Dated Month & Day	Year	Exact Name of Corporation
Any Authorized Officer's Sig	nature	
Name and Title (type or	orint)	(One Nate & holow)
If change of registered office by reg The undersigned, under penalties of p	i stered agent, si erjury, affirms tha	t the facts stated herein are true and correct.
Dated April 13		Signature of Registered Agent of Record
Month & Day	Year	Richmond A. Payne
DO PX	·	Name (type or print) If Registered Agent is a corporation, Name and Title of officer who is signing on its behalf.
Ox	N	OTES
but need n	ot be the same a	s the principal office of the corporation. However, the register

NOTES

- 1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registe ed agent must be the same.
- 2. The registered office must include a street or oad address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to each the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLX from the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
- 6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement. Office