

New Jersey Division of Revenue & Enterprise Services  
REGISTRATION OF ALTERNATE NAME

To file electronically:

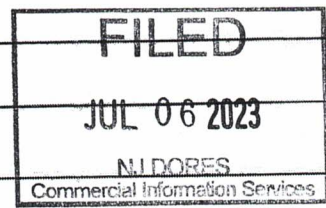
1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)
2. Click the "Add Attachments" button to add attachments if required (Check the field by field instructions to see if you must include an attachment(s)).
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. (This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

Check Appropriate Statute:

- Title 14A:2-2.1 (2) New Jersey Business Corporation Act       Title 42:2C-4 Limited Liability Company
- Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act       Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business: Fellowship Village, Inc.
2. NJ 10-digit ID number: 0100504952
3. State of Original Incorporation/Formation: New Jersey
4. Date of Incorporation/Formation: 1/7/1992
5. Alternate Name to be used: THRIVE Med-Spa
6. State the purpose or activity to be conducted using the Alternate Name: Med-spa
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: \_\_\_\_\_



0100504952

Signature requirements:

- For Corporations      Chairman of the Board., President, Vice-President  
 For Limited Partnerships      General Partner  
 For all Other Business Types      Authorized Representative

SIGNATURE: Mark Mazzella      TITLE: Chief Financial Officer  
 NAME (please type): Mark F. Mazzella      DATE: 6/30/2023

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

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