I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO MAZZA

Electronic Signature of Signing Officer/Director Detail

FILED Mar 30, 2018 Secretary of State CC4400521255

Date

03/30/2018

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail : PS Title Title VP, TREASURER MAZZA.PEGGY Name Name MAZZA, MARIO 9389 OSPREY ISLES BLVD. 9389 OSPREY ISLES BLVD. Address Address City-State-Zip: PALM BEACH GARDENS FL 33412 City-State-Zip: PALM BEACH GARDENS FL 33412

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# L21743

Entity Name: HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.

Current Principal Place of Business:

8895 N. MILITARY TRAIL SUITE 102-B PALM BEACH GARDENS, FL 33410

Current Mailing Address:

8895 N. MILITARY TRAIL SUITE 102-B PALM BEACH GARDENS, FL 33410

FEI Number: 22-3023931

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MAZZA, PEGGY 9389 OSPREY ISLES BLVD. PALM BEACH GARDENS, FL 33412 US