| MONT | E SPRINGS, FL 32701 US | | |
|---------|---|----------------------------------|-----------------------------|
| bove na | med entity submits this statement for the purpose of chan | ging its registered office or re | gistered agent, or both, in |
| NATU | RE: | | |
| | Electronic Signature of Registered Agent | | |
| cer/Di | irector Detail : | | |
| | Р | Title | SECR |
| е | VANDERWERKEN, VALERIE A | Name | VANDERWERKEN |
| ess | 313 FOREST AVE | Address | 313 FOREST AVE |

DOCUMENT# P03000031482

Entity Name: V.C. HAIR STUDIO, INC.

Current Principal Place of Business:

1056 MONTGOMERY RD ALTAMONTE SPRINGS. FL 32714

Current Mailing Address:

313 FOREST AVE ALTAMONTE SPRINGS, FL 32701

FEI Number: 54-2101993

Name and Address of Current Registered Agent:

VANDERWERKEN, VALERIE A 313 FOREST AVE ALTAN

The ab n the State of Florida.

SIGN

Offic

| Title | P | Title | SECR |
|-----------------|---------------------------------|-----------------|----------------------------|
| Name | VANDERWERKEN, VALERIE A | Name | VANDERWERKEN, VALERIE A |
| Address | 313 FOREST AVE | Address | 313 FOREST AVE |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 | City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |
| | | | |
| | | | |
| Title | TRES | | |
| Title Name | TRES VANDERWERKEN, VALERIE A | | |
| | | | |
| Name | VANDERWERKEN, VALERIE A | | |

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: VALERIE A VANDERWERKEN

Ρ

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No