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.

VP

SIGNATURE: WILLIAMS, WINSTON D

Current Principal Place of Business: 5175 WEST ATLANTIC AVE. SUITE C

DELRAY BEACH, FL 33484

Current Mailing Address:

1395 EAST LANCEWOOD PL. DELRAY BEACH, FL 33445

DOCUMENT# P04000079290

FEI Number: 30-0253104

Name and Address of Current Registered Agent:

Entity Name: ANGEL'S EYES OF BEAUTY INC.

WILLIAMS, ANGELA C 1395 EAST LANCEWOOD PL. DELRAY BEACH, FL 33445 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	VP
Name	WILLIAMS, ANGELA C	Name	WILLIAMS, WINSTON D
Address	1395 EAST LANCEWOOD PL.	Address	1395 EAST LANCEWOOD PL.
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Address	1395 EAST LANCEWOOD PL.	Address	1395 EAST LANCEWOOD PL.

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Apr 05, 2021 Secretary of State 1944144661CC

> 04/05/2021 Date

Date