# 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.

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

SIGNATURE: MIRIAM OCHOA

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 13205 SOUTH WEST 137 AVE

Entity Name: FLORIDA BODY WAXING CORP

211 MIAMI, FL 33186

## **Current Mailing Address:**

13205 SOUTH WEST 137 AVE 211 MIAMI, FL 33186

### FEI Number: 37-1497768

### Name and Address of Current Registered Agent:

OCHOA, MIRIAM 14011 SW 156 TERRACE MIAMI, FL 33177 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	P-S	Title	VP-T
Name	OCHOA, MIRIAM	Name	OCHOA, MARITZA
Address	14011 SW 156 TERRACE	Address	14011 SW 156 TERRACE
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

### FILED Jul 08, 2016 Secretary of State CC7284438576

Certificate of Status Desired: No

07/08/2016

Date

OWNER

OWNER