# 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: ROGER A BAUMANN

Electronic Signature of Signing Officer/Director Detail

VP

# Current Principal Place of Business:

4500 BISCAYNE BLVD SUITE 101 MIAMI, FL 33137

## **Current Mailing Address:**

DOCUMENT# P06000147999

Entity Name: SKIN TYPE SOLUTIONS, INC.

PO BOX 402824 MIAMI BEACH, FL 33140 US

# FEI Number: 20-8253215

#### Name and Address of Current Registered Agent:

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

WALD, JONATHAN D 2 S BISCAYNE BLVD. SUITE 3599 MIAMI, FL 33131 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
 Date

 Officer/Director Detail :
 Title

Title	VP	Title	Ρ
Name	BAUMANN, ROGER A	Name	BAUMANN, LESLIE SMD
Address	PO BOX 402824	Address	PO BOX 402824
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

# FILED Mar 03, 2014 Secretary of State CC6499285850

Certificate of Status Desired: No

03/03/2014