Name a	ha Address of Current	Registered Agent:	
11700 SW 107	DO, MONICA B 1S ST. KE PINES, FL 33025 US		
The above i	named entity submits this stateme	t for the purpose of changing its registered office of	or registered agent, or both, in the St
SIGNAT	URE:		
	Electronic Signature	f Registered Agent	
Officer/I	Director Detail :		
Title	Р	Title	D

DOCUMENT# P08000031386

Entity Name: PABS PROFESSIONAL AESTHETIC & BEAUTY SOLUTIONS INC.

Current Principal Place of Business:

11700 SW 1ST ST. 107 PEMBROKE PINES, FL 33025

Current Mailing Address:

11700 SW 1ST ST. 107 PEMBROKE PINES, FL 33025 US

FEI Number: 26-2647470

Name and Address of Current Registered Agent:

State of Florida.

Title	Р	Title	D
Name	CASCARDO, MONICA B	Name	D'ANGELO, ANTONIO M
Address	11700 SW 1ST ST. APT. 107	Address	11700 SW 1ST ST. APT. 107
City-State-Zip:	PEMBROKE PINES FL 33025	City-State-Zip:	PEMBROKE PINES FL 33025

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.

PRESIDENT

SIGNATURE: MONICA B. CASCARDO

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: Yes

02/23/2015 Date