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: BETH SWIRE
PRESIDENT
01/25/2014

\_\_\_\_

Entity Name: BETH SWIRE BEAUTY SERVICES INC.

#### Current Principal Place of Business:

10445 QUAILWOOD LANE A BOYNTON BEACH, FL 33436

## Current Mailing Address:

10445 QUAILWOOD LANE A BOYNTON BEACH, FL 33436 US

### FEI Number: 46-0534745

### Name and Address of Current Registered Agent:

SWIRE, BETH 10445 QUAILWOOD LANE A BOYNTON BEACH, FL 33436 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	:
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	Title	DIR	Title	Ρ
	Name	SWIRE, BETH	Name	SWIRE, BETH
	Address	10445QUAILWOOD LANE	Address	10445QUAILWOOD LANE
	City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

Electronic Signature of Signing Officer/Director Detail

#### FILED Jan 25, 2014 Secretary of State CC7328084170

Certificate of Status Desired: No

01/25/2014 Date

Date