	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 e	ffect 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
ė	above, or on an attachment with all other like empowered.	
	SIGNATURE MACCALL ELIZABETH	01/28/2019

SIGNATURE: MACCALL, ELIZABETH

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P17000014171 Entity Name: FL BEAUTY SCHOOL INC

Current Principal Place of Business:

4595 NORTHLAKE BLVD #106 PALM BEACH GARDEN. FL 33418

Current Mailing Address:

4595 NORTHLAKE BLVD #106 PALM BEACH GARDEN. FL 33418 US

FEI Number: 81-5368146

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MACCALL, ELIZABETH E 5200 NICHOLAS DR. WEST PALM BEACH, FL 33417 US

Certificate of Status Desired: No

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:

Officer/Director Detail :					
Title	PSTD	Title	D		
Name	GONG, ZUBIN	Name	MACCALL, ELIZABETH E		
Address	2237 SHOMA DR	Address	5200 NICHOLAS DRIVE		
City-State-Zip:	ROYAL PALM BEACH FL 33414	City-State-Zip:	WEST PALM BEACH FL 33417		

FILED Jan 28, 2019 Secretary of State 1638908240CC

Date

Date