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: JULIE DAVIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P18000053919 Entity Name: PURA VITALE PROFESSIONAL SKIN CARE, INC

Current Principal Place of Business:

820 LAWHON DRIVE SAINT JOHNS. FL 32259

Current Mailing Address:

820 LAWHON DRIVE SAINT JOHNS. FL 32259 US

FEI Number: 83-0954073

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DAVIS, JULIE A 820 LAWHON DRIVE SAINT JOHNS, FL 32259 US

Officer/Director Detail :

P. T

VP

DAVIS, JULIE A

820 LAWHON DRIVE

820 LAWHON DRIVE

SAINT JOHNS FL 32259

SAINT JOHNS FL 32259

HUNTER, KENNETH LAYTON

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:

Title

Title

Name Address

Name

Address

City-State-Zip:

City-State-Zip:

Title S. D Name DAVIS, JULIE A Address 820 LAWHON DRIVE City-State-Zip: SAINT JOHNS FL 32259

Certificate of Status Desired: No

FILED Feb 13, 2024 Secretary of State 3722925148CC

Date

Date

02/13/2024

PRESIDENT

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT