SIGNATURE: CRYSTAL HUDSON

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: COMPLEXION PERFECTION BY CRYSTAL HUDSON LLC

Current Principal Place of Business:

2083 INDIAN RIVER BLVD VERO BEACH. FL 32960

Current Mailing Address:

DOCUMENT# L16000193451

123 N 19TH CIR SW VERO BEACH, FL 32962

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HUDSON, CRYSTAL 123 N 19TH CIR SW VERO BEACH, FL 32962 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

Authorized Person(s) Detail :

Title PRESIDENT Name HUDSON, CRYSTAL M MRS Address 123 N 19TH CIR SW City-State-Zip: VERO BEACH FL 32962

Date

Certificate of Status Desired: No

FILED Apr 14, 2019 Secretary of State 4017393636CC

04/14/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

that my name appears above, or on an attachment with all other like empowered.

Date