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

SIGNATURE: RACHELLE R JOSEPH

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000285987

Entity Name: BOMBCHELLE BEAUTY LLC

#### **Current Principal Place of Business:**

7900 NW 27TH AVENUE 236 MIAMI, FL 33147

# **Current Mailing Address:**

1895 NW 50TH STREET MIAMI, FL 33142 US

# FEI Number: APPLIED FOR

# Name and Address of Current Registered Agent:

JOSEPH, RACHELLE R 1895 NW 50TH STREET MIAMI, FL 33142 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: RACHELLE R JOSEPH

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title Ρ JOSEPH. RACHELLE R Name Address 1895 NW 50TH STREET City-State-Zip: MIAMI FL 33142

Certificate of Status Desired: Yes

01/31/2020

Date

01/31/2020 Date

FILED Jan 31, 2020 Secretary of State 6188165587CC

PRESIDENT