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.

Entity Name: TAYLOR WILCOX HAIR STUDIO LIMITED LIABILITY COMPANY

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Principal Place of Business:

2590 N 12TH AVENUE #203 PENSACOLA, FL 32566

Current Mailing Address:

DOCUMENT# L20000164401

3356 EL PRADO ST GULF BREEZE, FL 32563 US

FEI Number: 85-1537344

Name and Address of Current Registered Agent:

FORESMAN, MATTHEW 1709 ENCINA WAY MILTON, FL 32583 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 MGR Name WILCOX, TAYLOR Address 2590 N 12TH AVENUE City-State-Zip: PENSACOLA FL 32566 Certificate of Status Desired: No

SIGNATURE: TAYLOR E WILCOX OWNER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 13, 2021 Secretary of State 4683855149CC

03/13/2021

Date

Date