# 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: TONIA BELL

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N12000004986

Entity Name: TOTAL BEAUTY INSTITUTE INC

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

5308 NORTH PEARL ST JACKSONVILLE, FL 32208

### **Current Mailing Address:**

5308 NORTH PEARL ST JACKSONVILLE, FL 32208 US

# FEI Number: 47-5100395

# Name and Address of Current Registered Agent:

BELL, TONIA 5308 NORTH PEARL ST JACKSONVILLE, FL 32208 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

# Officer/Director Detail :

Title	CEO	Title	PD
Name	GAFFNEY, REGINALD	Name	BELL, TONIA
Address	11636 JERRY ADAMS CT	Address	11636 JERRY ADAMS CT
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218

FILED Feb 15, 2019 Secretary of State 1578624921CC

Date

Certificate of Status Desired: No

02/15/2019

Date