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: JUANITA FEILD

Electronic Signature of Signing Officer/Director Detail

TAMPA, FL 33629 **Current Mailing Address:**

Current Principal Place of Business:

Entity Name: JORGEO HAIR SALON, INC.

1712 SOUTH DALE MABRY TAMPA, FL 33629

DOCUMENT# K82162

1712 SOUTH DALE MABRY

FEI Number: 59-2949549

Name and Address of Current Registered Agent:

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FEILD, JUANITA 4412 W CARMEN ST TAMPA, FL 33609 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	PD	Title	SD
Name	FIELD, JUANITA	Name	LEE, MALVINA
Address	4412 W CARMEN ST	Address	3419 REYNOLDSWOOD DR
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL 33618

PRESIDENT

04/19/2014 Date

FILED Apr 19, 2014 Secretary of State CC6887790261

Certificate of Status Desired: No

Date