I hereby certify that the information indicated on this report or supplemental report is true and accurate a		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute t	this report as required by Chapter 607, Florida Statu	ites; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> ANGELA TORRES	PRESIDENT	06/30/2020

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P16000033380

Entity Name: SERENITY SPA & WELLNESS CENTER SALON, CORP.

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

21 OLD KINGS ROAD NORTH 109B PALM COAST, FL 32137

### **Current Mailing Address:**

30 BETH LANE PALM COAST, FL 32137 US

## FEI Number: 81-2156732

# Name and Address of Current Registered Agent:

SMART SOLUTIONS UNLIMITED LLC 29 OLD KINGS ROAD N STE 1B PALM COAST, FL 32137 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	: ANA THOMPSON			06/30/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PS	Title	VP	
Name	TORRES, ANGELA	Name	TORRES, LUISA	
Address	30 BETH LANE	Address	30 BETH LANE	
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137	

Certificate of Status Desired: No

Date

**FILED** Jun 30, 2020 Secretary of State 3706604681CC

PRESIDENT