## 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: ADRIAN SOLIER DRAGO

Electronic Signature of Signing Officer/Director Detail

Entity Name: ADRIAN BARBER SHOP CORP

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

302 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990

### **Current Mailing Address:**

302 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990 US

## FEI Number: 82-5257712

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SOLIER DRAGO, ADRIAN 302 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990 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:

## **Officer/Director Detail :**

Title	Р	Title	VP
Name	SOLIER DRAGO, ADRIAN	Name	ONTIVEROS RAMIREZ, ADRIANA K
Address	302 HANCOCK BRIDGE PKWY	Address	302 HANCOCK BRIDGE PKWY
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

PRESIDENT

02/17/2023

FILED Feb 17, 2023 Secretary of State 6490795525CC

Certificate of Status Desired: No

Date

Date