### 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. 01/18/2021

SIGNATURE: PATRICK DANCIU

Electronic Signature of Signing Authorized Person(s) Detail

CEO

SIGNATURE: PATRICK DANCIU

Authorized Person(s) Detail :			
Title	MGRM	Title	PRESIDENT
Name	F CARE SYSTEMS BELGIUM	Name	BEAUTYXPERT LLC
Address	OOSTERVELDLAAN 99 B	Address	11098 BISCAYNE BOULEVARD SUITE 301
City-State-Zip:	ANTWERP 2610	City-State-Zip:	

# 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.

NORTH MIAMI, FL 33181 US

**Current Mailing Address:** 11098 BISCAYNE BOULEVARD

DOCUMENT# L11000013533

11098 BISCAYNE BOULEVARD

SUITE 301 MIAMI, FL 33161

Entity Name: F CARE SYSTEMS USA LLC

**Current Principal Place of Business:** 

SUITE 301 MIAMI, FL 33161 US

## FEI Number: 80-0682288

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DANCIU, PATRICK 2002 NE 120TH ROAD

## FILED Jan 18, 2021 Secretary of State 0746874726CC

01/18/2021 Date

Certificate of Status Desired: Yes

Date