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.

SIGNATURE: JOANNE FALICK MGR 02/12/2019

DOCUMENT# L15000083020

Entity Name: JOANNE FALICK COSMETOLOGY, PLLC

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

9759 KAMENA CIR. BOYNTON BEACH, FL 33436

### **Current Mailing Address:**

9759 KAMENA CIR. BOYNTON BEACH, FL 33436

#### FEI Number: 47-4026399

#### Name and Address of Current Registered Agent:

FEIGENBAUM, DAVID 200 KNUTH ROAD SUITE 112 BOYNTON BEACH, FL 33436 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: DAVID FEIGENBAUM

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMGRNameFALICK, JOANNEAddress9759 KAMENA CIR.City-State-Zip:BOYNTON BEACH FL 33436

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 12, 2019 Secretary of State 7545087947CC

Certificate of Status Desired: No

02/12/2019 Date

Date