that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JOANNE FALICK MGR

Electronic Signature of Signing Authorized Person(s) Detail

9759 KAMENA CIR.

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 :

Title MGR FALICK. JOANNE Name Address 9759 KAMENA CIR. City-State-Zip: BOYNTON BEACH FL 33436

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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000083020

Entity Name: JOANNE FALICK COSMETOLOGY, PLLC

Current Principal Place of Business:

9759 KAMENA CIR. BOYNTON BEACH. FL 33436

Current Mailing Address:

BOYNTON BEACH. FL 33436

02/27/2018

Secretary of State CC0292778915

FILED Feb 27, 2018

Certificate of Status Desired: No

02/27/2018 Date

Date