## 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: MICHAEL BROOKS

Electronic Signature of Signing Officer/Director Detail

# MINNEAPOLIS. MN 55441 FEI Number: 41-1748342

**Current Principal Place of Business:** 

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

DOCUMENT# F11000003242

12700 INDUSTRIAL PARK BLVD MINNEAPOLIS. MN 55441

**Current Mailing Address:** 

12700 INDUSTRIAL PARK BLVD

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	DVST	Title	DP
Name	BROOKS, MICHAEL	Name	KUNINS, MICHAEL
Address	12700 INDUSTRIAL PARK BLVD	Address	12700 INDUSTRIAL PARK BLVD
City-State-Zip:	MINNEAPOLIS MN 55441	City-State-Zip:	MINNEAPOLIS MN 55441

Certificate of Status Desired: No

Date

#### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT FILED Mar 20, 2017 Entity Name: HAIRSTYLIST MANAGEMENT SYSTEMS, INC.

Secretary of State CC3891181950

Date

03/20/2017

TREASURER

Electronic Signature of Registered Agent