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: MARIO MAZZA

Electronic Signature of Signing Officer/Director Detail

TRES.

SIGNATURE:

| Officer/Director Detail : | | | |
|---------------------------|--------------------------|-----------------|--------------------------|
| Title | PS | Title | Т |
| Name | MAZZA,PEGGY | Name | MAZZA, MARIO |
| Address | 9389 OSPREY ISLES BLVD. | Address | 9389 OSPREY ISLES BLVD. |
| City-State-Zip: | WEST PALM BEACH FL 33412 | City-State-Zip: | WEST PALM BEACH FL 33412 |

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.

FEI Number: 22-3023931

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MAZZA, PEGGY 9389 OSPREY ISLES BLVD. WEST PALM BEACH, FL 33412 US

Current Mailing Address:

PALM BEACH GARDENS, FL 33410

8895 N. MILITARY TRAIL

SUITE 102-B

8895 N. MILITARY TRAIL SUITE 102-B PALM BEACH GARDENS, FL 33410

Current Principal Place of Business:

DOCUMENT# L21743

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.

Certificate of Status Desired: No

FILED Apr 05, 2017 Secretary of State CC3936171918

> 04/05/2017 Date

Date