| SIGNATURE: | | | |
|---------------------------|--|-----------------|-----------------------------|
| | Electronic Signature of Registered Agent | | |
| Officer/Director Detail : | | | |
| Title | DPT | Title | S |
| Name | SMITH, CAROL | Name | SMITH, RICHARD SR. |
| Address | 4264 NORTHLAKE BLVFD | Address | 4264 NOTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | City-State-Zip: | PALM BEACH GARDENS FL 33410 |
| | | | TD54 |
| Title | VP | Title | TREA |
| Name | SMITH, RICHARD JR. | Name | SMITH, CAROL M |
| Address | 4264 NORTHLAKE BLVD | Address | 4264 NORTHLAKE 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.

Current Principal Place of Business:

Entity Name: COMPANY C HAIR, INC.

4264 NORTHLAKE BLVD. PALM BEACH GARDENS. FL 33410

Current Mailing Address:

DOCUMENT# V40042

4250 W SUMMIT RANCH PL MARANA, AZ 85658 US

FEI Number: 65-0338404

Name and Address of Current Registered Agent:

City-State-Zip: PALM BEACH GARDENS FL 33410

SMITH, CAROL 4264 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410 US

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: CAROL SMITH

PRESIDENT

City-State-Zip: PALM BEACH GARDENS FL 33410

04/18/2019

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2019 Secretary of State 5516350353CC

Date

Certificate of Status Desired: No

Date