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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

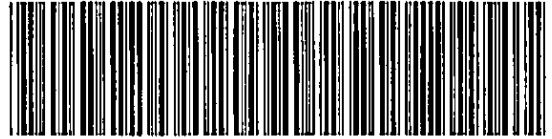
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

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R. WHITE

MAY 04 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 2 Extreme Tattoo Supplier Inc
Name of Corporation

DOCUMENT NUMBER: P18000003220

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlo R Kural
Name of Contact Person

2 Extreme Tattoo Supplier Inc
Firm/Company

24836 Hyde Park BLvd
Address

Land O Lakes, FL 34639
City/State and Zip Code

2xlowersupplier@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlo Kural at (813) 830-1966
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 2 Extreme Tattoo Supplier Inc

2. The principal office address: 2249 University Square Mall Tampa, FL 33612

3. The mailing address (if different): 24836 Hyde Park Blvd Land O Lakes, FL 34639

4. Date of incorporation/qualification: 2/01/2018 Document number: P18000003220

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KURAL, CARLO R, JR

24836 HYDE PARK BLVD LAND O LAKES, FL 34639

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carlo Richard Kural

24836 HYDE PARK BLVD LAND O LAKES, FL 34639

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Carlo R Kural President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

4/26/2018

Date

If signing on behalf of an entity:

Carlo R. Kural
Typed or Printed Name

*** FILING FEE: \$35.00 ***