

L130000932210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

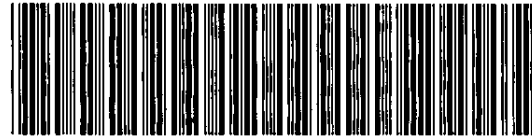
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 DEC 16 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC 17 2013

U.S. BR. JUDGE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2013

JAMES HOADLEY
1970 N ROOSEVELT BLVD
KEY WEST, FL 33040

SUBJECT: VENOMOUS INK AND BODY PIERCING LLC
Ref. Number: L13000092260

We have received your document for VENOMOUS INK AND BODY PIERCING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A00027959

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venomous Ink And Body Piercing LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Hoadley
Name of Person

Venomous Ink And Body Piercing LLC
Firm/Company

1970 N Roosevelt Blvd
Address

Key West, FL 33040
City/State and Zip Code

Venomousink1970@gmail.com
E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Hoadley at (305) 942-3723
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Venomous Ink And Body Piercing LLC

2. (a) Principal office address of limited liability company: 1970 N. Roosevelt Blvd
(Note: **MUST BE STREET ADDRESS**) Key West, FL 33040

(b) Mailing address of limited liability company: 1970 N Roosevelt Blvd
(Note: **MAY BE POST OFFICE BOX**) Key West, FL 33040

6-27-13
3. Date of filing/registration in Florida

CP 575 B
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Clifford Earls

Registered Office Address:

1970 N Roosevelt Blvd
Key West, FL 33040

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

James Hoadley

NEW Registered Office Address:

1970 N Roosevelt Blvd

(MUST BE FLORIDA STREET ADDRESS)

Key West FL 33040

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Clifford Earls
Signature of a member or authorized representative of a member

Clifford Earls
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

James Hoadley
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00