

47000125177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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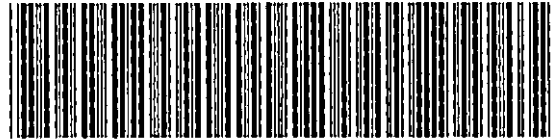
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sleeves Out Tattoos 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:

Robert C. Adams  
Name of Person

Sleeves Out Tattoos  
Firm/Company

314 Ohio Ave North  
Address

Live Oak FL 32064  
City/State and Zip Code

Chancellor 181@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Adams at ( 229 ) 269-0268  
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

INHS18 (2/14)

Enclosed - Money order # 17-798035750.

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Sleeves Out Tattoos LLC.

2. (a) 314 Ohio Ave North (b) 314 Ohio Ave North

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Live Oak FL 32060

Live Oak FL 32060

3. 8/30/2017 Date of filing/registration in Florida 4. L17000185177 Document number

5. (a) Legal Zoom (United States Corporation) Agents Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite A.  
Tampa, FL 33612

(b) Robert C. Adams (Sleeves Out Tattoos)  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

314 Ohio Ave North  
**NEW** Registered Office Address:

Live Oak, FL 32060

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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.

Robert Adams  
Signature of a member or authorized representative of a member

Robert C. Adams  
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 605, 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.

[Signature]  
Signature of Registered Agent