## Florida Department of State Dixision of Corporations Electronic Filing Cover Sheet

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## ANTHENT OF STATES

## LLC REGISTERED AGENT CHANGE BACKWARDS INFINITY TATTOOS LLC

Certificate of Status	0
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Page Count	02
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24Kiii - 1 FII 6: 33

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 01 2024 K. Brumbley

## 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. 1	Name of the limited liability company:  Backwards Infinity	/ Tattoo	os LLC		
2. (a	7880 W DUNNELLON RD	í	(b) 7880 W DUNNELLON RD		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DUNNELLON, FL 34433	<b>-</b> -	DUNNEL	LON, FL 34433	
	05/01/2024		L23000168	3271	
3.	Date of filing/registration in Florida	4.		Document number	
5. (8	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	e Florid	in Dept. of Sta	ie:	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u></u>		
	JACKSONVILLE , FL	32202	<del></del>	_	
(b	Comorate Creations Network Inc		· · · · · · · · · · · · · · · · · · ·	2024 1157	
,-	Enter name of NEW Registered Agent and/or NEW Registered C	Office #	ddress:		
	801 US Highway I			- - P	
	NEW Registered Office Address:			- E	
				ယ	
				_ ω	
	North Palm Beach, FL_	33408		_	
chang agent was/v the ar	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited.	egister oility co the lin	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
(	Tatrella Tavarez  uture of a member or authorized representative of a member	Est	rella Tavarez.	, Attorney-in-Fact	
Sign	uture of a member or authorized representative of a member			Printed or typed name of signee	
provi: the ol to me	eby accept the appointment as registered agent and agree vions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided f rely reflect a change in the registered office address, I he ed in writing of this change.	to acterform for in ( reby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am Jamiliar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
Signal	Ialla Tavaraz Estrella Tavarez, Special Secretary urc of Registered Agon				