

N 180000057151

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(Address)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Out of the Fog, Inc.

DOCUMENT NUMBER: N18000007151

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alaina Larsen
(Name of Contact Person)

Out of the Fog, Inc.
(Firm/ Company)

16023 Stephens
(Address)

Eastpointe, MI 48021
(City/ State and Zip Code)

abaleman666@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alaina Larsen at 586 217 7163
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Out of the Fog, Inc.

N18000007151

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

Alaina Larsen

16023 Stephens

Eastpointe, MI 48021

C. Enter new mailing address, if applicable:

Alaina Larsen

16023 Stephens

Eastpointe, MI 48021

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

Florida

(Civ)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(attach additional sheets, if necessary). (Be specific)

Effective date if applicable: 09/01/2024
(no more than 90 days after amendment file date)

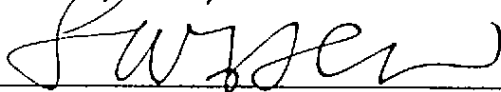
Adoption of Amendment(s) (CHECK ONE)

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

09/01/24

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alaina Larsen

(Typed or printed name of person signing)

Officer

(Title of person signing)

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