Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name

: INDEPENDENT TAX SERVICE

Account Number : 120020000072

Phone

: (305)887-0001

Fax Number

: (305)884-6444

R AMND/RESTATE/CORRECT OR O/D RESIGN

TATTOO STUDIO INC.

Certificate of Status	0
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FEB 2 2 2008

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COVER LETTER

TO: Amendment Section

Pivision of Corporations

NAME OF CORPORATION:	TATTOO STUD	DIO, INC.	
DOCUMENT NUMBER: PO	7000120705		
The enclosed Articles of Amend	dment and fee are s	submitted for filing.	
Please return all correspondence	e concerning this m	natter to the following:	
		ALLIILAL	
	(Name of C	ontact Person)	
		O STUDIO, INC.	
	(Firm/	Company)	
·	3015 NW 7	79 ST SUITES D13 -14	
	(Ad	idress)	
	MIAMI, F	FL. 33147	
	(City/ State	and Zip Code)	
For further information concern	ing this matter, ple	ease call:	
CHAMI HILAI		at (786) 390-0155	
(Name of Contact Po	rson)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the follo	owing amount:		
	Filing Fee & ate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	I S	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

	Articles of Amendment	₽s	0
	to		8
	Articles of Incorporation	₩	쮼
7	of	Ŧ.	σ
	TATTOO STUDIO, INC.	AR	2
	(Name of corporation as currently filed with the Florida Dept. of State)	OF S	AM 10: 45
	P07000120705	OR OR	٠. چ
	(Document number of corporation (if known)	- Gr	i
	ant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> the following amendment(s) to its Articles of Incorporation:	oration	
<u>NEW</u>	CORPURATE NAME (if changing):		
(Must co	ontain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or essional corporation must contain the word "chartered", "professional association," or the abbreviation	"Co.") ion "P.A."	')
	NDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article N Article Title(s) being amended, added or defeted: (BE SPECIFIC)	lumber(s	()
ARTI	CLE VII: THE OFFICER AND OR DIRECTOR ARE:		
Delete	e: CHAMI HILAL- President/Director - 6870 SW 44 ST # 105, Miami Fl 331	155	
<u>Delete</u>	e: CHAMI HILAL- Registered Agent - 6870 SW 44 ST # 105, Miaml Fl 33	155	
ADD:	Bilal Chami - President/Director - 6870 SW 44 ST # 105, Miami Fl 33155	<u> </u>	
ADD:	Bilal Chaml - Registered Agent - 6870 SW 44 ST # 105, Miami Fl 331	55	
	(Attach additional pages if necessary)	·····-	
	(Timon annihilla balles it liesessary)		
	mendment provides for exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself: (if not applicable		
<u> </u>			

(continued)

The date of each amendment(s) adoption: 02/20/2008
Effective date if applicable: 02/20/2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature
(By adjrector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CHAMI HILAL
(Typed or printed name of person signing)
PRESIDENT / DIRECTOR
(Title of names signing)

FILING FEE: \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501. Or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1.- The Name of de Corporation is:

TATTOO STUDIO, INC

2.- The name and address of the Registered Agent an Office is:

Name: BILAL CHAMI

Address (P.O. Box NOT Acceptable):

6870 SW 44 ST # 105

City/State/Zip:

MIAMI FL 33155

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties an I am familiar with and accept the obligations of my position as registered agent.

DATE:

02-20-2008

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314