PICOCOLOUIT

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

SUBJECT: BEYOND INK TATTOOS, INC. (Name of Corporation)
(Name of Corporation) DOCUMENT NUMBER: P10000060617
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
ETHIANA ALVARADO
(Name of Person)
BEYOND INK TATTOOS, INC.
(Name of Firm/Company)
7124 ALOMA AVE
(Address)
WINTER PARK, FL 32792
(City/State and Zip Code)
For further information concerning this matter, please call:
ETHIANA ALVARADO at (917) 365-5875 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, F1, 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. RUBEN SANTANDER hereby resign as VP (Title)	
BEYOND INK TATTOOS, INC.	
(Name of Corporation)	
(Signature of resigning officer/director)	FILE
FILING FEE IS \$35.00	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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