

P1200000 88577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

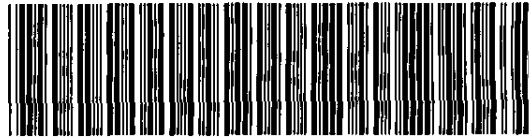
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Amanda gave authorization
to correct application.

8/7/14
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14 JUL 23 PM 10:39
SECRETARY OF STATE
TALLAHASSEE FL 32304

C.M.
8/4/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Outrageous Tattoos Inc.
Name of Corporation

DOCUMENT NUMBER: P12000088577

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Grube / Amanda Grube
Name of Contact Person

Outrageous Tattoos Inc.
Firm/Company

836 S. Congress Ave.
Address

W.P.B. FL. 33406
City/State and Zip Code

mrsgrube3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Grube at (561) 683-4134 or 891-1145
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Outrageous Tattoos Inc.
2. The principal office address: 836 S. Congress Ave, WPB, FL 33406
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/17/2002 Document number: P12000088577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Keith Grube, Pres.
4551 Summit Blvd.
West Palm Beach, FL 33418

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2664 Acklins Rd.
P.O. Box NOT acceptable
West Palm Beach FL 33406

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] VP Amanda Grube VP
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***