

P98000014933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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Theris
2-26-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solid Image Tattoo Company Inc.
Name of Corporation

DOCUMENT NUMBER: P98000014933

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:

Shirley Harris
Name of Contact Person

Solid Image Tattoo Company Inc.
Firm/Company

125 E. Hillsboro Blvd.
Address

Deerfield Beach, FL 33441
City/State and Zip Code

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

For further information concerning this matter, please call:

Shirley Harris at (561) 262-8493
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2010

SHIRLEY K. HARRIS
SOLID IMAGE TATTOO CO. INC.
2390 SHERIDAN ROAD
MT. DORA, FL 32757

SUBJECT: SOLID IMAGE TATTOO CO. INC.
Ref. Number: P98000014933

We have received your document for SOLID IMAGE TATTOO CO. INC. and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation and the document submitted are for a Florida limited liability company. The correct form is enclosed please complete and return.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 110A00003648

RECEIVED
200 FEB 25 AM 8:00
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TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Solid Image Tattoo Co. Inc.
2. The principal office address: 125 E. Hillsboro Blvd.
Deerfield Beach, FL 33441
3. The mailing address (if different): 2390 Sheridan Rd.
MT. DORA, FL 32757
4. Date of incorporation/qualification: 2/13/98 Document number: P98000014933
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)

Jeremy Elms
5549 Adair Way
Lake Worth, FL 33467

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

Shirley Harris
2390 Sheridan Rd.
P.O. Box NOT acceptable
MT. DORA, FL 32757

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.

William C. O'Neil
Signature of an officer or director

WILLIAM C. O'NEIL
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.

Shirley Harris
Signature of Registered Agent

2/13/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA