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COVER LETTER

TO: Amendment Section Division of Corporations Chiefland Hunting and Game Management Club, Inc.
Name of Corporation DOCUMENT NUMBER:_ 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: 2560 N. Young Blud ... hietland F1 32626 Charles @ Nature Coast Insurance. Com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Corbett at 352 493-2565
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

statement of chan	rovisions of sections 607.050 ge is submitted for a corpord to change its registered offic	ation organized ur	nder the laws of the	State of	lorida	
The name of the The principal o	e corporation: Ch.e- ffice address: 2	fland Hur 560 N	ting and G	ane Ma Blud C	hiefla.	+ Clu 3 6 5262
3. The mailing ad	dress (if different):	OBOX	676 C	chiefle	and, F	<u>32</u> 6
4. Date of incorpo	oration/qualification:	[Document number:	7139	823	
5. The name and s	street address of the current r ment of State: (If resigned, er	registered agent ar nter resigned)	nd registered office of	on file with the		FILET
6. The name and s (if changed):		les C N. Yo P.O. Box NOT accepts	orbett.	d	F STATE	
The street addres as changed will b	s of its registered office and e identical.	d the street addres	s of the business of	ffice of its regi	istered agent,	
Signature I hereby accept to I further agree to of my duties, and document is bein corporation has signal If signing on behalf and the significant	Corbett		Printed or typed	name and title acity. r and complete registered age s, I hereby cor	ior bett.	
Тур	ed or Printed Name					

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