

G42221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

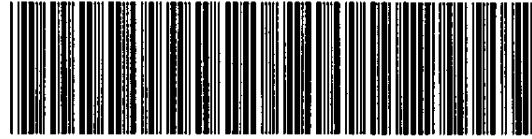
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400270037694

03/20/15--01008--004 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 20 PM 1:26

C.L.  
3-20-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Checkerboard Realty Inc.  
Name of Corporation

**DOCUMENT NUMBER:** G42221

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:

**Tim Snelgrove**

Name of Contact Person

**Checkerboard Realty, Inc.**

Firm/Company

**14955 Gulf Blvd**

Address

**Madeira Beach, FL, 33708**

City/State and Zip Code

**tsnelgrove@earthlink.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tim Snelgrove**

Name of Contact Person

at ( **727** ) **244-7498**

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

1. The name of the corporation: Checkerboard Realty, Inc.

2. The principal office address: 801 West Bay Dr, #420, Largo, FL, 33770

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/6/83 Document number: G42221

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)

Timothy J. Snelgrove  
14955 Gulf Blvd  
Madeira Beach, FL, 33708

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


Timothy J. Snelgrove  
801 West Bay Dr, #420  
Largo, FL, 33770

P.O. Box NOT acceptable

15 MAR 20 PM 1:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


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 of an officer or director

Tim Snelgrove, President  
\_\_\_\_\_  
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

3/18/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Timothy J. Snelgrove  
\_\_\_\_\_  
Typed or Printed Name

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