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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Checkered Moon, Inc.
Name of Corporation

DOCUMENT NUMBER: F13000005227

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Crow
Name of Contact Person

Checkered Moon, Inc.
Firm/Company

1020 W. Armory St.
Address

Champaign, IL 61821
City/State and Zip Code

Irish860@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon or David Crow at (217) 202-3977
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
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enclosed)

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F13000005227

(Document number of corporation (if known))

1. Investment Constructors, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Illinois 3. 12-5-2013
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/21/2016

5. Checkered Moon, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

n/a
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Sharon Crow
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sharon Crow
(Typed or printed name of person signing)

Secretary
(Title of person signing)

OFFICE OF THE ILLINOIS SECRETARY OF STATE

JESSE WHITE
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

File Number	60261938		
Entity Name	CHECKERED MOON, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	12/21/1998	State	ILLINOIS
Agent Name	DAVID C THIES	Agent Change Date	12/21/1998
Agent Street Address	202 LINCOLN SQUARE	President Name & Address	DAVID C CROW 1020 W ARMORY AVE CHAMPAIGN 61821
Agent City	URBANA	Secretary Name & Address	SHARON CROW SAME
Agent Zip	61801	Duration Date	PERPETUAL
Annual Report Filing Date	11/21/2016	For Year	2016
Assumed Name	INACTIVE - THE CHECKERED MOON, INC. INACTIVE - ROOM SERVICE BY CHECKERED MOON		
Old Corp Name	10/09/2014 - INVESTMENT CONSTRUCTORS, INC.		

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OTHER SERVICES

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