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(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
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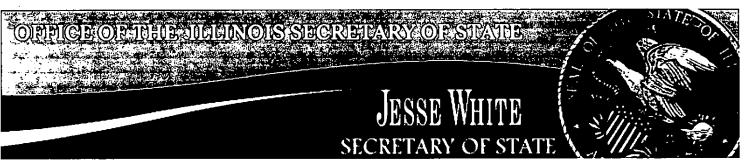
TO: Amendment Section Division of Corporations		
SUBJECT: Checkered Moon, Inc. Name of Corporation		
5120005277		
DOCUMENT NUMBER: FLOUCOUSE 1		
The enclosed Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sharon Crow Name of Contact Person		
•		
Checkered Mcon, Inc.		
• •		
1020 W. Armory St. Address		
Address		
Address Champaign, IL 61821 City/State and Zip Code		
City/State and Zip Code		
Irish 860 @ ad. com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (217) 202-3977 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$43.75 Filing Fee & Certificate of Status (Certified Copy (Additional copy is enclosed)) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Address: Street Address:		
Amendment Section Division of Corporations Division of Corporations		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 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.)

	CTION I BE COMPLETED)
F130	ccc05 227
	of corporation (if known)
Investment Constru	•
(Name of corporation as it appears of	on the records of the Department of State)
2. Ulinois	3. 12-5-2013 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
	CTION II THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation its jurisdiction of incorporation?	
5 Checkered Moon, Inc.	
(Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new na	uffix "corporation," "company," or "incorporated," or me of the corporation)
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting
6 16 sha ann an deirean a cheann a sha ann a sha a cheann	
6. If the amendment changes the period of duration, indi	icate new period of duration.
Y	1/a
(New	v duration)
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.
	purisdiction)
8. Attached is a certificate or document of similar impor	rt, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official a under the laws of which it is incorporated.
Shaw	(1au)
(Signature of a director, press of a receiver or other court a	dent or other officer - if in the hands ppointed fiduciary, by that fiduciary) CCVC+CCV
(Typed or printed name of person signing)	(Title of person signing)



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.

Return to the Search Screen

Purchase Certificate of Good Standing

(One Certificate per Transaction)

OTHER SERVICES

File Annual Report

Adopting Assumed Name

Articles of Amendment Effecting A Name Change

Change of Registered Agent and/or Registered Office Address