2/11/2020

Division of Corporations



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\* "

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## REGISTERED AGENT CHANGE CHRIS & MIKE, INC.

Certificate of Status	0
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O SIMMONS FEB 1 2 2020

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is sub-	mitted for a corporation	617 0502, 607 1508, or 617 1508, Florida Statutes, this on organized under the laws of the State oflllinois	
		or registered agent, or both, in the State of Florida.	
1. The name of the corporation Chris & Mike, Inc		>	
2. The principal office address: 1000 Pinellas Street, Clearwater, FL 33756			
3. The mailing address (if o	different)		
4. Date of incorporation/qu	ualification: 12-29-201	9Document number: F15000005698	
5. The name and street add Florida Department of S		r resigned)	
Christine 2	Christine Zimmerman		
1000 Pine	1000 Pinellas Street		
Clearwate	r, FL 33756	ered agent (if changed) and /or registered office	
6. The name and street add (if changed):	lress of the new registe	ered agent (if changed) and /or registered office	
C T Corpo	oration System		
do C T Co	orporation System, 1200	South Pine Island Road	
******	PO	Box NOT acceptable	
Plantation	, Florida 33324		
The street address of its reas changed will be identic	egistered office and th	e street address of the business office of its registered agent,	
Such change was authorized by the board, o	ed by resolution duly or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	⇒	Christine Zimmerman, President	
Signature of an office	r or director	Printed or typed name and title	
performance of my duties, agent. Or, if this documes hereby confirm that the co	, and I am familiar wit nt is being filed merel orporation has been n	igent and agree to act in this capacity fall statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address, I otified in writing of this change	
By C T Corporation System  By C T Corporation System		2/11/2020	
Signature of Regi	stered Agent	, Date	
If signing on behalf of an James M.	<sub>entity:</sub> Halpin		
Assistant Se	•	_	
Typed or Printer	d Name		

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