L09000068905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 19 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHS Accountants & Financial Advisors, P.L.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Catherine Harris
Name of Person

CHS Accountants & Financial Advisors, P.L.
Firm/Company

1107 County Route 113
Address

Schaghticoke, New York 12154
City/State and Zip Code

catherineharris1@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Harris at (518) 573-2817
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CHS Accountants + Financial Advisors, PL

2. (a) Principal office address of limited liability company: 1107 County Route 113
Schaghticoke, New York 12154

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
SAME

(Note: MAY BE POST OFFICE BOX)

7/16/2009
3. Date of filing/registration in Florida

L09000068905
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Dennis P Thompson

Registered Office Address: 1150 Cleveland St. Ste 301
Clearwater, Florida 33755

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: A.C.E., Inc.

NEW Registered Office Address: 8130 Glades Road, # 352
Boca Raton FL 33434

(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Catherine Harris
Signature of a member or authorized representative of a member

Catherine Harris
Firm Owner / member

Jonathan Levy, President
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

FILED
2010 OCT 18 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INHS18 (05/08)