

L11000039180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

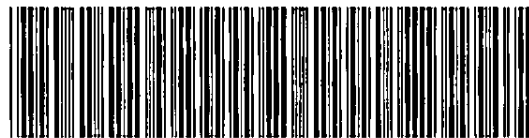
(Business Entity Name)

(Document Number)

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10/1/18

COVER LETTER

TO: Registration Section  
Division of Corporations

EIN#  
45-1504734

SUBJECT: CHESS GAMES SERVICES LLC  
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:

SUSAN GIULIANI  
Name of Person

CHESS GAMES SERVICES LLC  
Firm/Company

3879 SW FAIRWOOD PINES LANE  
Address

PALM CITY, FL. 34990  
City/State and Zip Code

SUE KGPC@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)  
SUE KGPC@HOTMAIL.COM

For further information concerning this matter, please call:

SUSAN GIULIANI at 772-293-1951  
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

FIN # 45-1504734

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CHESS GAMES SERVICES LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

220 SW 21ST LANE  
CAPE CORAL, FL. 33991

220 SW 21ST LANE  
CAPE CORAL, FL 33991

3. 04/20/2018 4. L11000039180  
Date of filing/registration in Florida Document number

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

220 SW 21ST LANE,  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

220 SW 21ST LANE  
CAPE CORAL, FL 33991

(NOTE  
PO BOX  
CLOSED)

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

SUSAN GIULIANI  
**NEW Registered Office Address:**

3879 SW INWOOD PINES LANE  
PALM CITY, FL ~~33990~~ 34990

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.

Susan Giuliani  
Signature of a member or authorized representative of a member

SUSAN GIULIANI  
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 605, 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.

Susan Giuliani  
Signature of Registered Agent