

**N16000000895**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

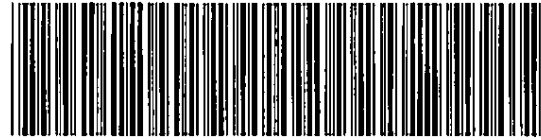
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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JL 10/12/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHS AICE Boosters, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N1600000895

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robyn Rinberger, President

Name of Contact Person  
CHS AICE Boosters, Inc.

Firm/Company  
540 Hercules Ave

Address  
Clearwater, FL 33765

City/State and Zip Code

chsaicetreasurer@zoho.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Rinberger, President

at ( 727 ) 742-6473  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303