N9900005734

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2011

CEVIN CHEIOM

KEVIN CHRISM~

6437 EMERSON AVE S

ST PETERSBURG, FL 33707

SUBJECT: ST. PETE CHESS CLUB CORPORATION

Ref. Number: N99000005734

We have received your document for ST. PETE CHESS CLUB CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 711A00020295

COVER LETTER

TO: Amendment Son Division of Co	ection rporations			
SUBJECT:	St. Pete Chess Cl	ub Corporation		
	Name of	Corporation	70-20	
DOCUMENT NUME	ER:N99	9000005734	THE RESIDENCE OF THE STATE OF T	
The enclosed Statemer	t of Change of Registered Offic	ce/Agent and fee are subn	nitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:		
	·	Ŭ		
	Kevin	Chism		
		ontact Person		
	Firm/C	Company		
		n Avenue South dress		
	Au	aress		
	0:454	EL 00707		
Saint Petersburg, FL 33707 City/State and Zip Code				
	,		1	
	Chism.Kevin	@gmail.com	TALL S	
E-r	mail address: (to be used for	future annual report not	ification)	
For further information	concerning this matter, please	call:		
K	evin Chism	727	/3/ ₋ 0385	
-	f Contact Person	Area Code & Day	434-0385 time Telephone Number	
Enclosed is a \$35.00 cf	neck made payable to the Depar	rtment of State.		
	Mailing Address:	Street Addres	<u>s:</u>	
	Amendment Section Division of Corporations	Amendment S Division of C		
	P.O. Box 6327	Clifton Build		
	Tallahassee FI 32314		ve Center Circle	

Tallahassee, FL 32301

TO:

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

Purşuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the corporation: St. Pete Chess Club Corporation				
The principal office address: 540 4th Avenue N. St. Petersburg, FL 33701				
3. The mailing address (if different): 6437 Emerson Avenue S. St. Petersburg, FL 33707				
4. Date of incorporation/qualification: 9/27/1999 Document number: N9900000573	4			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)				
Andrew Scherman Resigned				
701 Mirror Lake Dr. N. #122				
Saint Petersburg, FL 33701	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kevin Chism P				
Kevin Chism P				
6437 Emerson Ave S. P.O. Box NOT acceptable				
Saint Petersburg, FL 33707				
The street address of its registered office and the street address of the business office of its registered ager as changed will be identical.	nt,			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name and title	-			
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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that is corporation has been notified in writing of this change.	ice his he			
Signature of Registered Agent 9/16/11 Date	-			
If signing on behalf of an entity:				
Typed or Printed Name				

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