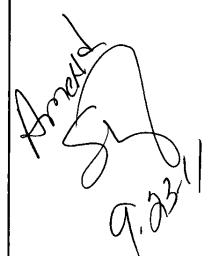
## N9900005 734

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nam	ne)
(De	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
i		
	Office Use Onl	у



500212221175

09/23/11--01013--002 \*\*43.75





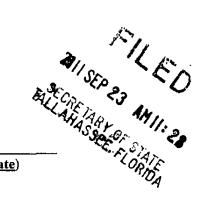
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ration: <u>ST. Pete</u> C	Chess Club Corpo	nation	
DOCUMENT NUMBER: <u>N99000005734</u>				
The enclosed Articles	of Amendment and fee are sub	mitted for filing.		
Please return all corre	spondence concerning this matt	er to the following:		
	Kevin chisi	M Contact Person)		
	(Name of	Contact Person)		
	(Firm	/ Company)		
	`	* */		
	6437 Emerson	n Avenue South Address)	<u> </u>	
Saint Petersburg, FL33707 (City/State and Zip Code)				
(City/ State and Zip Code)				
	Chism. Kevin	a) 9 MaiL, Com I for future annual report notific		
•	E-mail address: (to be used	if for future annual report notific	ation)	
For further information	n concerning this matter, please	call:		
<u>Kevin</u>	Chism	at (727 ) 434- (Area Code & Daytin	0385	
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee		☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street Address	in viividuuj	
	dment Section	Amendment Section		
	on of Corporations lox 6327	Division of Corporation	ons	
	assee, FL 32314	Clifton Building 2661 Executive Cente	r Circle	

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** οÏ



ST. Pete Chess club Corporation	ASSE OF ST
(Name of Corporation as currently filed with the Florida Dept. of State)	ORIE
N99000005734	- -
(Document Number of Corporation (if known)	

company c	ontain the word "corporation" or "Co." may not be used in the	" or "incorporated" or the e name.
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>		
. If amending the registered agent and/or new registered agent and/or the new regi		orida, enter the name of th
		orida, enter the name of the
new registered agent and/or the new regi		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Andrew Scherman	701 Mirror Lake DR. N. #122 St. Peressburg, FL 33701	☐ Add ☑ Remove
<u>P</u>	KeviN Chism	6437 Emerson Ave S. St. Petersburg, FL 33707	
<u>D</u>	Josica Chism	6437 Emerson Aves ST. Petersburg, FL 33707	Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		

The date of each amendment(s) adoption: 5/14/11	
Effective date if applicable: (date of adoption is required)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated 9/20/2011.	
Signature New Oll	
(By the chairman or vice chairman of the board, president or oth have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Kevi N ChiSm  (Typed or printed name of person signing)	mperior programme
President	
(Title of person signing)	