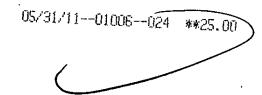
P03000063090

(Re	questor's Name)	
(Ad	dress)	,,
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

M:7-1



June 6, 2011

STEVEN CHESS STEVEN CHESS P.A. 1700 BANKS RD, STE 50 MARGATE, FL 33063

SUBJECT: STEVEN CHESS P.A. Ref. Number: P03000063090

We have received your document for STEVEN CHESS P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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: 211A00013699



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Steven Chess, P.A. Name of Corporation
DOCUMENT NUMBER: P0300063090
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:
STEWEN CHESS
Name of Contact Person
STEVEN GHESS, PA Firm/Company
1700 BANKS ROAD SUITESO
Address
MARGATE, FL 33063
MARGATE FL 33063 City/State and Zip Code Schess @ CCIM. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: STEVEN CHESS at (954 605 2800 Name of Contact Person Area Code & Daytime Telephone Number
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant 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: STEVEN CHESS, PA
2. The principal office address: 1700 BANKS ROAD 50198 50
MARGATE, FL 33063
3. The mailing address (if different):
4. Date of incorporation/qualification: $\nu a 2003$ Document number: $\rho 3000063090$
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) STEWEN CHESS
33 SE 7th Street Suite C
BOCA RATON FL 39432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): STEVEN CHESS 1700 BANES ROAD SUITE 50 P.O. Box NOT acceptable
MARGATE, FL 33063
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
STEEN CHESS Signature of an officer of director STEWN CHESS 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 6 27 20 11 Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *