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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: CHIP SHOT CONSULTING, FWC (Name of Corporation)

DOCUMENT NUMBER: P0400027182

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:

GLORIA K MUELLER
(Name of Contact Person)

CHIP SHOT CONSULTING, INC

11260 NW 24 St

PLANTATION FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (954) 370 - 8868

(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 p statement of chanin order		or a corpora	tion organize	d under the la	ws of the State	of #201	
1. The name of th	ne corporation:	CHIP	SHOT	CONSUL	TING I	NC	
2. The principal of							
PLA	VTATION	PL	3332	3	·		
3. The mailing ac	ldress (if differen	t):					
4. Date of incorp	oration/qualificat	ion: <u>2/10</u>	104	_ Document	number: Po	140000	27182
5. The name and Florida Depart		the current re	egistered ager	t and register	ed office on file	with the	
6. The name and (if changed):	1/26 PV A street address of GLO 1/26	O NW LNTAT  the new regis  EIA  (P.O. Box N	k Mu	St  TC 3 f changed) and st  ELLE	3323 nd/or registered	75	FILED W 4: 11
The street address as changed will	be identical.						_
Such change was authorized by the	s authorized by i e board, or the c	resolution du orporation h	ily adopted b as been notif	y its board of led in writing	of the change.	an officer s	80
1 glissia (Signatur	e of an officer of direct	//ee	<del></del> -	GLO (Pi	RIA K M	UE LLE and title)	R
I hereby accept a further agree to of my duties, and document is bein corporation has	o comply with th d I am familiar w we filed merely to	e provisions with and acce o reflect a ch	of all statute ept the obliga ange in the r	igree to act in s relative to i tion of my po egistered offi	n this capacity. the proper and osition as registice address, I ho	complete pe tered agent. ereby confir	erformance Or, if this om that the
Slaria (Sig	nature of Registered A	ler gent)		2-11-	01 (Date)		
If signing on bel	half of an entity:						
GLORIA	K MUEL yped or Printed Name)	LER					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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