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COVER LETTER

Division of Corporations
SUBJECT: Chip Swap Corporation (Name of Corporation)
DOCUMENT NUMBER: \$705 600 140 36 9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling
Please return all correspondence concerning this matter to the following:
Craig Salmond (Name of Person)
ChipSwap Corporation (Name of Firm/Company)
2814 S. Bay Street (Address)
Eusk's, f2 32726 (City/State and Zip Code)
For further information concerning this matter, please call:
Craig Salmond at (352) 636-1286 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		ZES SES	90	
I, Jason Kriek hereby resign as	Vye	Alla Sec	Few T	7
of ChipSwap Corporation	:	CERT COMP		7
(Name of Corporation) (Name of Corporation) (Name of Corporation) (Document Number, if known)	inder the laws	of the State	of	
Florida.		·		
(Signature of resigning officer/dire	ector)	<u> </u>	*** ·	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314