

PD7000046652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 14 P 1:11

FILED

No change
Lewis
5-17-10

COVER LETTER

TO: Amendment Section
Division of Corporations

**CHIPLEY FINANCIAL SERVICES
1391 BRICKYARD RD
Suite 4
CHIPLEY, FL 32428**

SUBJECT: _____

DOCUMENT NUMBER: P07000046652

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:

Inez K Nowell

Name of Contact Person

**CHIPLEY FINANCIAL SERVICES
1391 BRICKYARD RD
Suite 4
CHIPLEY, FL 32428**

City/State and Zip Code

love2lend@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inez K. Nowell

Name of Contact Person

at (850) 638-5400

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 14 AM 8:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2010

INEZ K. NOWELL
CHIPLEY FINANCIAL SERVICES, INC.
1391 BRICKYARD ROAD, STE. #4
CHIPLEY, FL 32428

SUBJECT: CHIPLEY FINANCIAL SERVICES, INC.
Ref. Number: P07000046652

We have received your document for CHIPLEY FINANCIAL SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00011838

**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: CHIPLEY FINANCIAL SERVICES
2. The principal office address: 1391 BRICKYARD RD
Suite 4
CHIPLEY, FL 32428
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-7-2007 Document number: P07000046652

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)

Inez K. Nowell
911 A Carlisle Rd
Chipley FL 32428

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Inez K. Nowell
CHIPLEY FINANCIAL SERVICES
1391 BRICKYARD RD
Suite 4
CHIPLEY, FL 32428

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 14 P 1:11

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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.

[Signature]
Signature of an officer or director

Inez K. Nowell President
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]
Signature of Registered Agent

5/10/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)