

P07000103069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

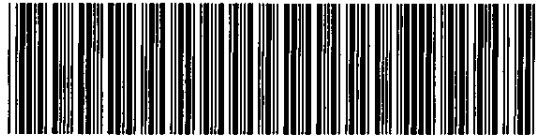
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Recharge
Tennis
6-4-08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CK Backyard Getaways Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000103069

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:

Chris J Zumbahlen
(Name of Contact Person)

CK Backyard Getaways Inc.
(Firm/Company)

18711 N. Dale Mabry Hwy
(Address)

Lutz FL 33549
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris J. Zumbahlen at (813) 727-9158
(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

RECEIVED
2008 JUN -3 AM 8:00
TALLAHASSEE, FLORIDA
CR2E043 (305)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2008

CHRIS J. ZUMBAHLEN
CK BACKYARD GETAWAYS INC
602 S. STALEY ROAD, UNIT B
CHAMPAIGN, IL 61822

SUBJECT: CK BACKYARD GETAWAYS INC
Ref. Number: P07000103069

We have received your document for CK BACKYARD GETAWAYS INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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: 408A00031055

**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: CK Backyard Getaways Inc.
2. The principal office address: 18711 N. Dale Mabry Hwy
Lutz FL 33549
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9-17-2007 Document number: P07000103069
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Chris J. Zumbahlen
3116 W. Euclid Ave
Tampa FL 33629 US

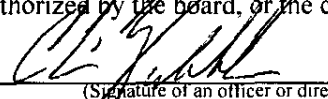
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chris J. Zumbahlen
18711 N. Dale Mabry Hwy.
Lutz, FL 33549
(P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

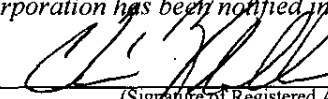
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

Chris Zumbahlen
(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)

5-30-08
(Date)

If signing on behalf of an entity:

Chris Zumbahlen
(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)