

P09000078067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

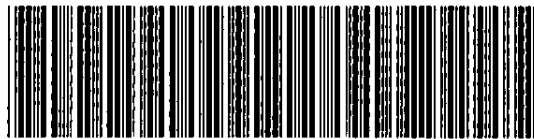
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 10 AM 8:49

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TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: _____

Please return all correspondence concerning this matter to the following:

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

Michele Coppin at (239) 248-2599
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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: Chic & Company INC
2. The principal office address: 3869 Riviera Circle, Bonita Springs, FL
34134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/18/09 Document number: P09000078067

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)

Amber D. Shemansky
3869 Riviera Circle
Bonita Springs, FL 34134

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

~~Amber D. Shemansky~~ Michele Cobbin
3869 Riviera Circle
Bonita Springs, FL 34134

P.O. Box NOT acceptable

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

Amber Shemansky
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

10/2/09
Date

If signing on behalf of an entity:

Michele Cobbin
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)

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