## P98000017096

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CHEZ AMENITIES , INC. (Name of corporation)
DOCUMENT NUMBER: P 9 9 0 0 0 0 1 7 0 9 C
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:
DAWN CORRADO (Name of contact person)
(Name of contact person)
(Firm/Company)  368 Museuny Grove Bs. (Address)
(
Boyne Parm BEACH FL 33 4/11 (City/state and zip code)
For further information concerning this matter, please call:
DAWN OBRADU at 541 722-1880  (Name of contact person) (Area code & daytime telephone number)
(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 409 E. Gaines Street Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 31, 2005

DAWN ORRADO 268 MULBERRY GROVE ROAD ROYAL PALM BEACH, FL 33411

SUBJECT: CHEZ AMENITIES, INC.

Ref. Number: P98000017096

We have received your document for CHEZ AMENITIES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 105A00054893

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for		zed under the	laws of the S	tate of FLORIDA		
	•	tered office or register	_				
1. The name of the	e corporation:	CHEZ	AMEN	TTIES	, INC.		
2. The principal of	office address:	<u> </u>	BOX_	3345	33465		
		LANT	ANA,	FL	50463		
3. The mailing ac	ldress (if different):						
4. Date of incorp	oration/qualificatio	n: <u>3-19-18</u>	Docume	nt number: _	P98000017090		
5. The name and Florida Depart		e current registered ag	ent and regist	tered office or	n file with the		
		ERIN	MESS	ING	<u> </u>		
		4 T	4/11-0	Tree	WE SEC S		
LAKE WOLTH, PL 33440							
		LAKE	WURTH,	123	34400 00 万四		
6. The name and	street address of th	e new registered agent	t (if changed)	and /or regist	tered office		
(if changed):		Λ .	Λ		42 42 C		
		DAWN C	ORKADO	)	<b>表</b> 5		
	2118	MULBERRY	GRO	VE RO	AB		
		(P.O. Box NOT acceptable)	1				
	Boy	MULBERRY (P.O. BOX NOT acceptable)	BEALA	i Fa	1 33411		
The street addre	ss of its registered be identical.	office and the street a	address of the	e business of	fice of its registered agent,		
Such change wa	s authorized by re-	solution duly adopted poration has been do	l by its board tified in writi	of directors	or by an officer so unge.		
14-	TO M	111		7	Mrssins		
(Signati	re of an officer of the cyl			(Printed or typed	name and ane)		
I hereby accept	the appointment a	s registered agent and	d agree to ac	t in this capa	city. and complete performance registered agent. Or, if this s, I hereby confirm that the		
of my duties, and	d I am familiar wil no filed merely to :	th and accept the obli- reflect a change in the	gation of my e registered o	position as to	registered agent. Or, if this s. I hereby confirm that the		
-corporation has	been notified in w	niting of this change.		/	1		
/ //	in her	MO		8/24	105		
(Sig	mature of Registered Age	ant)		(Date	3)		
If signing on be	half of an entity:						
	half of an entity:  ANN CAR	RADD					
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						

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