## A94000001802

| (Red                      | questor's Name)                                |             |
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| (City                     | //State/Zip/Phone                              | e#)         |
| PICK-UP                   | WAIT   | MAIL        |
| (Bus                      | siness Entity Nar                              | ne)         |
| (Doc                      | cument Number)                                 |             |
| Certified Copies          | Certificates                                   | s of Status |
| Special Instructions to F | iling Officer:                                 |             |
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July 10, 2013

ANN MARIE BACHMAN THOMSON BROCK LUGER & CO. 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308

SUBJECT: CHAMPION FAMILY PARTNERSHIP, LTD.

Ref. Number: A9400001802

We have received your document for CHAMPION FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 813A00016914

Sean Toner Senior Section Administrator

www.sunbiz.org

## **COVER LETTER**

| TO: Registration Section Division of Corporations                              | -   |
|--|---|
| SUBJECT: Changing Family P<br>Name of Limited Partnership                      | or Limited Liability Limited Partnership                                      |
| DOCUMENT NUMBER: A940000   | 01802   |
| The enclosed Statement of Change of Regis fee(s) are submitted for filing.     | tered Office and/or Registered Agent and                                      |
| Please return all correspondence concerning                                    | this matter to:   |
| Ann Marie Bachman Contact Person   |   |
| Thomson, Brock, Luger & Firm/Company   | Co  |
| 3375-G Capital Circle N Address  | <b>E</b>  |
| Tallahassee, FL 32308 City, State and Zip Code                                 |   |
| E-mail address: (to be used for future annual re                               | port notification)  |
| For further information concerning this matt                                   | er, please cali:  |
| Name of Contact Person   | at (850) 385-7444  Area Code and Daytime Telephone Number                     |
| Enclosed is a \$35.00 check made payable to                                    | the Florida Department of State.  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32301                             | Tallahassee, FL 32314   |

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. Champio                                      | a Family Pactor                 | cship Ltd.  |                                     |      |
|---|---------------------------------|---|-------------------------------------|------|
| Name o  | of Limited Partnership or Lin   | nited Liability Limited Partnership   |                                     |      |
| 2. 12 22/1 Date of filing/reg                   | 994<br>istration in Florida     | 3. <u>A4400000 186</u><br>Florida document r  |                                     |      |
| 4. The name of the registe Department of State: | ered agent and the registered   | office address as shown on the recor  | rds of the Florida                  |      |
|   | Soho E. Champio<br>Nar          | ne Sc   |                                     |      |
| 1   | 804 Miczasuke                   | e Commons Dr. Ste 204   | i                                   |      |
|   | Tallahassee, FL 3 City, State   | <b>2308</b> and Zip   |                                     |      |
| 5. The name and Florida                         | street address of the new regi  | istered agent and/or office:  | 1                                   |      |
| _A  | nn Meie Bachm<br>Nam            | ne .  | 13 AUG 30<br>Secretasi<br>Tallahass | ـلــ |
| _3  | Florida street address (P.      | O. Box not acceptable)  | 30 P                                |      |
|   | Tallahassee,<br>City, State     | FL 32308  | PM IZ: 30                           | J    |
| 6. Such change(s) is/are e                      | ffective when filed by the Fle  | orida Department of State.  | DA C                                |      |
| Signature of General Partr                      | er /                            | -   |                                     |      |
| comply with the provision.                      | of all statutes relative to the | nd agree to act in this capacity. I fur<br>e proper and complete performance o<br>position as registered agent. | ther agree to<br>of my duties,      |      |
| Signature of Registered A                       | Sachman gent                    |   |                                     |      |
| Filing Fee:                                     | \$35.00 -7 alre                 | ady paid  |                                     |      |

Certified Copy (optional): \$52.50