L08000066238

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number) .		
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SECRETARY OF STATE
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J. BRYAN

DEC 2 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	EAL ESTATE SOLUTIONS, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
TIMOTHY J. NORRIS	
Name of Person	
CHAMPION REAL ESTATE SOLUT	ONS, LLC
· min company	C 21 HAS
568 9TH STREET S., STE 1	SECRETARY OF STATE ALLAHASSEE. FLORIT
NAPLES, FL 34102	2: 06 STATE LORIU
City/State and Zip Code	>
E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
	_ at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ng amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CHAMPION	REAL ESTATE SOLUTIONS, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	TAPER TO
(b) Mailing address of limited liability company:	ETARY HASSI
(Note: MAY BE POST OFFICE BOX)	Fig. 72
7/9/2008	L08000066238
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Timothy J. Norris
Registered Office Address:	568 9TH ST S
	Suite 102
	Naples, FL 34102
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	John N. Brugger
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	600 Fifth Ave S Suite 207 Naples FL34102
	,
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as ofter or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, (F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	t agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

Solution of Corporations, P.O. Box 6327, Tallahassee, FL 32314FILING FEE: \$25.00

John N. Brugger

Signature of Registered/Agen