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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: THE CHAMPION GROUP LLC Name of 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 this matter to the following:		
JOAN CHAMPION ROBINSON Name of Person		
Wing Stop Firm/Company		
Firm/Company 8918 W ST. Road 84 Address		
DAU16, FL 33324 City/State and Zip Code		
<u>J. Champi 2909 D. g.mail.</u> com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Joan Rubinsun at (954) 448-3589 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee		
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i ioi iau.	
1. Name of the limited liability company: THE CH	AMPION GROUP
2. (a) Joan Champion Robinson Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Joan CHAMPION RUBINGIN Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
8918 W STATE RD 84	8918 W ST RD 84
Davie, FL 33324	DAvie, FL 33324
APRIL 28th, 2016 Date of filing/registration in Florida	L160000 \$2,801 4. Document number
5. (a) Joan CHAMPION ROBINSON Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
12040 SW 222 COURT Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)
12040 SW 2nd COURT	
DAULE, FL	33325 ZAG = -
(b) JOAN CHAMPION RORINSON	Office address:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office address:
8918 W STATE RD 84 NEW Registered Office Address:	PSIAIF
8918 W STATE RD 84	
DAU15, FL	33324
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	he registered office and the business office of the registered pility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	BEVERY FOSTER Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he norfied in writing of this change.	e to act in this capacity. I further agree to comply with the verformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed vereby confirm that the limited liability company has been

Signature of Registered Agent