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(Re	equestor's Name)				
(Ac	idress)				
(Ac	ldress)				
(Ĉi	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:	_			
	_ <u></u> _				

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COVER LETTER

TO: Registration Section Division of Corporations		
KMI Champions LLC		
SUBJECT:		
Name o	of Limited Li	ability 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 r	natter to the	following:
Robert McTamaney		
Name of Person		_
KMI Champions LLC		
Firm/Company		<u> </u>
2652 Chestnut Street		
Address		_
San Francisco, CA 94123		
City/State and Zip Code		
bobby@ripplecap.com		
E-mail address: (to be used for future annua	l report notif	ication)
For further information concerning this matter, pl	ease call:	
Robert McTamaney	808	896 3264
	at (
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	M	AILING ADDRESS:
		gistration Section
Division of Corporations		vision of Corporations
		D. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Ta	llahassee, Florida 32314
Enclosed is a check for the following an	mount:	
☑ \$ 25 Filing Fœ	a s:	55 Filing Fee & Certified Copy
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.

Ma	me of the limited liability company:	pions LLC	;			
: \a (a)	2652 Chestnut Street, San Francisco, CA 94123	(b	Same			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5		Mailing address of limi (Note: MAY BE PO	-	
	April 13, 2017		L170000	82968		
(a)	Date of filing/registration in Florida DJ Morris	4.		Document numbe	r	
,,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- : :		
	Registered Office Address (MUST BE FLORIDA STREE 238 Barbados Drive	TADDRESS	1	_		
	Jupiter, 1	33458 FL		-		
))	Michelle Hankison			_	9 0	53
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	tress:		<u> </u>	ONY 61
	AMERICAN REALTY			_		<u>ි</u>
	NEW Registered Office Address: 310 W 8th Street			_	T.	PH
	Jacksonville,	32206 FL		_	14 m	‡: 3
cha nt we we Pu	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the MM WM F/9/19	of the regist liability costs of the lim	stered office impany, it is ited liability ishility con	e and the business s hereby confirmed by company or as o	office of the d that the cha therwise pro	registere ange(s)
- :re/	ture of a member or authorized refulsementive of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d'in writing of this change.	agree to act de perform ded for in (I hereby co	in this can	acire I farther aa	rve to comid	y with the and acce peing file as been
fied						

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