| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE NOV 15 2024 |

Office Use Only



400439053854



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/14/2024 | _ | | <i>⇔WALK I</i> N* |
|-----------------------|-------------------------|--------------------------------------|-------------------|
| ENTITY NAME Champ | piontrend LLC | | |
| | | | |
| DOCUMENT NUMBER_ | <u> </u> | | |
| | **PLEASE FILE TH | 'E ATTACHED AND RETURN** | |
| xxxxxxxx | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | | |
| *: | PLEASE OBTAIN THE FO | DLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts | & Amendments | |
| | Certificate of Good Sta | inding: | |
| | **APOSTILLE' / N | OTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINA | TION | | |
| NUMBER OF CERTIFICA | ATES REQUESTED | | |
| TOTAL OWED \$25 | | ACCOUNT #: I2016000007 | 2 |
| | | 5 8 AM | |
| Please call Tina at i | the above number for | any issues or concerns. Thank you so | much! |

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divi | sion of Corporations | | |
|-------------------------------|---|------------------|--|
| SUBJECT: | Championtrend Llc | | |
| SOMEO! | | ne of Limited L | liability Company |
| Dear Sir or N | Madam: | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and | I fee(s) are submitted for filing. |
| Please return | all correspondence concerning th | is matter to the | following: |
| Harbor C | Compliance | | |
| | Name of Person | | |
| | Firm/Company | | |
| 1830 Co | lonial Village Lane | | |
| | Address | | |
| Lancaste | er, PA 17601 | | |
| | City/State and Zip Code | | |
| | arborcompliance.com | | |
| E-mail | address: (to be used for future ann | ual report noti | fication) |
| For further in | nformation concerning this matter, | please call: | |
| Dana Mic | cciche | at (717 | , 431-9166 Area Code & Daytime Telephone Number |
| | Name of Person | | Area Code & Daytime Telephone Number |
| Regi Divi Clift 2661 | REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | Ro Di P.e | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314 |
| Encl | losed is a check for the following | amount: | |
| □ sa | 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 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.

| (a) | | (b) _ | |
|-----|--|----------|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 20610 Whitebud Ct | 2 | 20610 Whitebud Ct |
| | Tampa Florida 33647 | | ampa Florida 33647 |
| | 11-03-2021 | L | 21000477213 |
| | Date of filing/registration in Florida | 4. | Document number |
| | UNITED STATES CORPORATION AGE Registered Office Address (MUST BE FLORIDA STREE | | • |
| | 476 RIVERSIDE AVE. | | |
| (b) | 476 RIVERSIDE AVE. Jacksonville | FL 32202 | TOTAL PORT OF THE PARTY OF THE |
| (b) | 476 RIVERSIDE AVE. | FL 32202 | PODULION IN PHIZ: 43 |
| (b) | 476 RIVERSIDE AVE. Jacksonville Enter name of NEW Registered Agent and/or NEW Registered | FL 32202 | TOTALION III PHIZ: 43 |
| (b) | 476 RIVERSIDE AVE. Jacksonville Enter name of NEW Registered Agent and/or NEW Registered Registered Agents Inc | FL 32202 | IBANION III PAND. 43 |

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Edouan Saint Phard

Edouan Saint Phard-Authorized Signer

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 to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. जिल्ला है स्टिशंड

David Roberts - Assistant Secretary

Signature of Registered Agent