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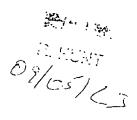




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DIVISION OF CORRESPONDENT



## 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.

	1	
I. Na	ume of the limited liability company: Champion	r Principal Services LLC
2. (a)	4876 NW 58th TERRACE	(h) 4876 NW 58th TERRAC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL SPRINES, FL	CORAL SPRINGS FC
	33067	33067
	9/01/2022	L 22000385 443
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	ROCKET LAWYER COR	PORATE SERVICES LLC
	Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of State;
	155 OFFICE PLAZA L	DRIVE, 1st Floor
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	
	TALLAHASSEE .FL	
(b)	JAMES Neer	address:
107	Enter name of NEW Registered Agent and/or NEW Registered Office:	address:
	4876 NW 58th TERRA	· ·
	NEW Registered Office Address:	PH 12: 40
		00
	CORAL SPRINGS .FI.	33067
	, 13.,	
change agent w was/we	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the registe will be identical. Or, in the case of a Florida limited liability are authorized by anjaffirmative vote of the members of the lices of creanization or the operating agreement of the limited	cred office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
	Ika la por	JAMES Neer
Signat	the of I member or unhorized representative of a member	Printed or typed name of signee
provision the oblication to mere	by accept the appointment as registered agent and agree to a constant statutes relative to the proper and complete performing the provided for in the registered agent as provided for in the registered office address. I hereby I in writing of this charge.	mance of my duties, and I am familiar with and accept s Chapter 605, F.S. Or, if this document is being filed
Signatui	rc of Registered Agent	

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

## COVER LETTER

Division of Corporations		
SUBJECT: Champion Principal Name of Limited Liability Con	Services LLC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter to the following:		
James Neer Name of Person		
Champion Principal Service	s LLC	
4876 NW 58 th TERRACE		
CORAL SPRINGS, FL 33	3067	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
James Neer at 954) 8 Name of Person Area Code	e & Daytime Telephone Number	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division Division 2415 N.	ddress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303	
Enclosed is a about for the following amount.		

S55 Filing Fee & Certified Copy

\$25 Filing Fee

TO:

Registration Section