

NO9 0000 10217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

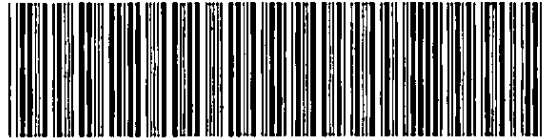
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/23/21--01021--018 \*\*35.00

05/27/2021  
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FILED  
2021 APR 23 PM 1:04  
SECRETARY OF STATE  
HALLMARK CENTER

Champion Parenting Inc.  
FEI/EIN Number N09000010217  
9114 South Bay Drive  
Orlando, FL 32819

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations

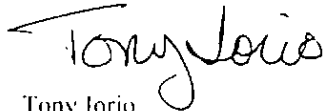
Please change the Registered Agent Name from Alice K. Iorio to Tony Iorio for corporation Champion Parenting Inc. FEI/EIN Number N09000010217.

My wife Alice passed away 3/22/21.

I am listed as one of the Officer Directors as VP.

Please find check enclosed for \$35 along with my wife's death certificate.

Thank You.

A handwritten signature in black ink that reads "Tony Iorio". The signature is written in a cursive style with a long horizontal line extending from the top of the "T".

Tony Iorio  
321-229-0396  
9114 South Bay Drive  
Orlando, FL 32819

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Champion Parenting Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N09000010217

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Iorio

Name of Contact Person

Champion Parenting Inc.

Firm/Company

9114 South Bay Drive

Address

Orlando, FL 32819

City/State and Zip Code

italianohana@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Iorio

Name of Contact Person

at ( 321 )

2290396

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Champion Parenting Inc.
2. The principal office address: 9114 South Bay Drive, Orlando, FL 32819
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/20/2009 Document number: N09000010217
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alice K Iorio

9114 South Bay Drive

Orlando, FL 32819

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tony Iorio

9114 South Bay Drive

P.O. Box NOT acceptable

Orlando, FL 32819

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2021 APR 23 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tony Iorio  
Signature of an officer or director

TONY IORIO VP  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Tony Iorio  
Signature of Registered Agent

4/16/21  
Date

If signing on behalf of an entity:

Champion Parenting Inc  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)