N22000002427

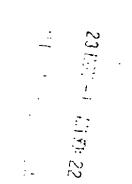
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Onicer.





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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	_{CT:} Champions At Play Inc.
	(Name of Corporation) MENT NUMBER: N22000002427
The enc	losed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc. (Name of Person)
Lega	Name of Firm/Company)
9900	O Spectrum Dr. (Address)
Aust	tin, TX 78717 (City/State and Zip Code)
For furth	her information concerning this matter, please call:
	(Name of Person) at (800)773-0888 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, 1
Florida Statutes, the undersigned, United States Corporation Agents, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Champions At Play Inc.
(Name of Corporation)
N22000002427
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Cheyenne Moseley
(Typed or Printed Name)
Asst. Secretary for United States Corporation Agents, Inc.
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314