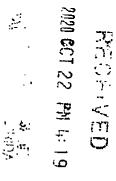
P20000018372

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
В	usiness Entity Name)
(D	ocument Number)
rtified Copies	Certificates of Status
pecial Instructions to	o Filing Officer:
	Office Use Only



200354123682

10/23/20-+01002--013 ++52.50



FILED

MENOCIZE PH \$101

OCT 22 2020

COVER LETTER

D: Amendment Section
Division of Corporations

Tallahassee, FL 32314

AME OF CORPO	RATION: CHAMPION COM	IPANION CORP	
	BER: P20000018372		<u>.</u>
ne enclosed Articles	of Amendment and fee are su	bmitted for filing.	
ease return all corre	espondence concerning this ma	tter to the following:	
	BASILE CHARALAMBOS	PERTSAS	
	Name of Contact Person		
	CHAMPION COMPANION	CORP	
		Firm/ Company	
	7638 TRANSOM CT		
	Address		
	TAMPA, FL 33607		
		City/ State and Zip Cod	v
	COMPLIANCE@FLWASTE	E.COM	
	J	sed for future annual report	notification)
		·	
or further information	on concerning this matter, pleas	se call:	
. CHARALAMBO	S PERTSAS	904 at (484-8854
Name of Contact Person		Arca Co	de & Daytime Telephone Number
nclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
An Div	illing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HAMPION COMPANION CORP

(<u>Name c</u>	of Corporation as current	tly filed with the Florida Dept. of State)		
0000018372				
	(Document Number of	of Corporation (if known)		
suant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
If amending name, enter the new na	ame of the corporation:			
A		The new		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)		7638 TRANSOM COURT		
		TAMPA, FLORIDA 33607		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7638 TRANSOM COURT		
		TAMPA, FL. 33607		
If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the		
Name of New Registered Agent	N/A			
	(Florida si	treet address)		
New Registered Office Address:	N/A	, Florida 💢 😸		
		(City) (Zip Codes)		
		22 7		
w Registered Agent's Signature, if correby accept the appointment as regist		t: with and accept the obligations of the position.		
	Signature of New	Registered Agent, if changing		
	Signature by Men 1			
ante if amortinable				

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added:

ttach additional sheets, if necessary)

ease note the officer/director title by the first letter of the office title:

= President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief recutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. resident, Treasurer, Director would be PTD.

tanges should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ike Jones, V as Remove, and Sally Smith, SV as an Add.

cample:		, sman, spras an mad.	
<u>C</u> Change	<u>PT</u>	<u>John Doe</u>	
<u>Called the Called to the</u>	\underline{V}	Mike Jones	
<u>⟨</u> Add	<u>sv</u>	Sally Smith	
/pe of Action lheck One)	Title	Name	<u>Addres</u> s
Change	VP, T	MICHAEL R. NEGUS	7638 TRANSON COURT
Add			TAMPA, FL. 33607
X Remove			
Change			
X Add			
Remove Change	PTD	BASILE CHARALAMBOS PERTSA	7638 TRANSOM COURT TAMPA, FL. 33607
Add			
Remove			
Change		·	
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			45.40
Remove			

tach additional sheets, if necessary).				
USINESS PURCHASE AGREEMEN	T ATTACHED HEREIN.	•		
				-
		<u></u>		
	_ 			
			· -	
		-		
			·	
an amendment provides for an excha	inge, reclassification, or	cancellation of issu	ed shares,	
provisions for implementing the amen	dment if not contained is	n the amendment i	tself:	
(if not applicable, indicate N/A)				
				_
				<u> </u>
			<u> </u>	
				
		·		

	9/26/2020	, if other than the
e date of each amendment(s) are this document was signed.	adoption:	. It other than the
00	TOBER 22ND 2020	
fective date <u>if applicable</u> :	(no more than 90 days after ameno	lment file date)
		,
te: If the date inserted in this cument's effective date on the E		ng requirements, this date will not be listed as the
loption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes sufficient for approval.	cast for the amendment(s)
	pproved by the shareholders through voting group reach voting group entitled to vote separately on	· · · · · · · · · · · · · · · · · · ·
"The number of votes cas	t for the amendment(s) was/were sufficient for ap	proval
12000 SHARES BY	BASILE CHARALAMBOS PERTSAS	"
by	(voting group)	 ·
select		
• •	BASILE CH. PERTSAS	
	(Typed or printed name of person sig	gning)
	DIRECTOR	
	(Title of person signing)	

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

<u>. 695.25</u>	<u>෯෭෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮෯෮</u>
<u>᠅ᡛᡳᢄᡧᡛᡳᡦᡧᡒᢅᡭᡭᡮᡧ᠋ᢗᢗᢤᡮᡧᠪᢤᢗᢆᢤᡳ</u>	
ite of Florida	
11-11 (BODO)46/t	The foregoing instrument was acknowledged
unty of PIUM	~ 1 / 1 / 4
	before me this da
	Date Date
	of SepTEBBR avac
	Month Year
	RAVILLEH PERISAS
	Name of Person Acknowledging
	who is personally known to me or wh
	who is personally known
	has produced FLORIDA DRIVER
	LICENSE
	Type of Identification
	as identification.
	as identification of the state
	Than In Milach
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signature of Notary Public
Notary Public State of Florida Sharon M Niblack	Sharon M. Niblabk
My Commission GG 354707 Expires 07/15/2023	GHARONM NIBLACK
£	Name of Notary Typed, Printed or Stamped
	Notary Public - State of Florida
Place Notary Seal Stamp Above	Notary Public - State of North
	OPTIONAL
Though this section is optional, completing	g this information can deter alteration of the document of this form to an unintended document.
or fraudulent reattachment	of this form to an unintended document.
Security of Attached Document	INES SALE AGREEMEN Er 25, 2020 Number of Pages: 10 ICHPEL RICHARD NEG
Bescription of Attaches	INECT SALE AGREEMEN
Title or Type of Document:	26 2003 (1)
Jeptemb	er as augunumber of Pages.
Mocument Date	TCHATE KICHARO IVEG
Signer(s) Other Than Named Above:	alNotary.org • 1-800-US NOTARY (1-800-876-6827) Item
Cigitor (c)	