



**Division of Corporations Electronic Filing Cover Sheet** 

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Division of Corporations

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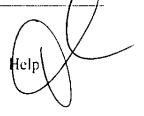
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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8:	

## REGISTERED AGENT CHANGE CHAMPION HEALTH BROKERS INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	inge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida
	Ç. Ç. 35	ce or registered agent, or both, in the State of Florida.
	the corporation: CHAMPION	
2. The principal	office address: 1100 Park Cen	tral Blvd S. Sutie 3400, Pompano Beach, FL 33064
3. The mailing a	address (if different):	
4. Date of incoq	poration/qualification: 05/05/2	022 Document number: P22000038289
	d street address of the current in timent of State: (If resigned, en	registered agent and registered office on file with the nter resigned)
	Christopher Grubaugh	
	1100 Park Central Blvd S, Suti	2023 JUN 12
	Pompano Beach, FL 33064	
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered office 100 me.
	Corporate Creations Network I	mc. ————————————————————————————————————
	801 US Highway 1	
		P.O. Box. NOT acceptable
	North Palm Beach, FL 33408	
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent,
Such change was authorized by th	is authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
	- 35	Saray Djidji, Attorney in Fact
l hereby accept I furthér agree t of my duties, an document is bei	to comply with the provisions d I am familiar with and acce	Printed or typed name and title  d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance opt the obligation of my position as registered agent. Or, if this tange in the registered office address, I hereby confirm that the his change.
	·罗	6/12/23
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Saray Djidji, Spe	cial Secretary	
Т	ped or Printed Name	

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