I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

OWNER

SIGNATURE: DASHARREE BERRY

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

3131 NW 13TH ST SUITE 53 GAINESVILLE, FL 32609

Current Mailing Address:

DOCUMENT# L15000018170

Entity Name: CHAMPION CARE LLC

3131 NW 13TH ST SUITE 53 GAINESVILLE, FL 32609 US

FEI Number: 47-3044873

Name and Address of Current Registered Agent:

BERRY, DASHARREE D 3131 NW 13TH ST **STE 53** GAINESVILLE, FL 32609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	DASHARREE D BERRY			06/22/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	BERRY, DASHARREE D	Name	BERRY, GEORGE L	
Address	3131 NW 13TH ST SUITE 53	Address	3131 NW 13TH ST SUITE 53	
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	GAINESVILLE FL 32609	

Certificate of Status Desired: No

Secretary of State 4283535882CC

FILED Jun 22, 2020

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

that my name appears above, or on an attachment with all other like empowered.