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

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

SIGNATURE: DASHARREE D BERRY

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/13/2017

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000018170

Entity Name: CHAMPION CARE LLC

Current Principal Place of Business:

3131 NW 13TH ST 53 GAINESVILLE, FL 32609

Current Mailing Address:

3131 NW 13TH ST 53 GAINESVILLE, FL 32609 US

FEI Number: 47-3044873

Name and Address of Current Registered Agent:

BERRY, DASHARREE D 4440 SW ARCHER RD 604 GAINESVILLE, FL 32608 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			03/13/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	BERRY, DASHARREE D	Name	BERRY, GEORGE L	
Address	4440 SW ARCHER RD 604	Address	4440 SW ARCHER RD 604	
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608	

Certificate of Status Desired: Yes

2, 10,20

FILED Mar 13, 2017 Secretary of State CR2497306034

Date