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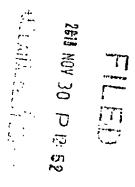
(Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Victorian Village Homeowners Association, Inc. Name of Corporation N03000009450 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Baisden Name of Contact Person Association Mgmt Group of W. FL., Inc. Firm/Company P.O. Box 4649 Pensacola, FL 32507 City/State and Zip Code mary@amgwfla.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 860-2138 Area Code & Daytime Telephone Number Mary Baisden Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Victorian Vill	age Homeowners Association, Inc.
2. The principal	office address: 1720 W Fairf	ield Dr., Suite 506
	Pensacola,	
3. The mailing a	address (if different): P.O. Bo	x 4649
	Pensaco	ola, FL 32507
4. Date of incorp	poration/qualification: 10/30/2	0013 Document number: N0300009450
5. The name and		stered agent and registered office on file with the
	Kevin R Etheridge	
	908 Gardengate Circle	
	Pensacola, FL 32504	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Association Manageme	nt Group of West Florida, Inc.
	1720 W Fairfield Dr., St	
	Pensacola, FL 32501	Box NOT acceptable 75
The street addre		e street address of the business office of its registered agent.
Such change was authorized by the	is authorized by resolution duly a ne boardor the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
X / At		Christopher Olson, President
I hereby accept I further agree t performance of agent. Or, if thi	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and tute gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.
throad	ON CONTRACTOR OF THE PROPERTY	November 16, 2018
Sign	nature of Registered Agent	Date
If signing on bel	half of an entity:	
Mary Baisde	en	_
Ty	yped or Printed Name	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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