Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Phone

Account Number : I20090000081 : (307)200-2803

Fax Number

: (855)330-1010

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REGISTERED AGENT CHANGE
ICTOR STANLEY, INCORPORATED

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Corporate Filing Menu

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C. GOLDEN

JUN 1 1 2019

6-11-19

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

statement of cha	unge is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of	
		ce or registered agent, or both, in the State of Florida.	
	the corporation: VICTOR STA		
2. The principal	office address: 2103 BRICKH	IOUSE ROAD, DUNKIRK, MD 20754	
3. The mailing a	address (if different): P.O. DRA	AWER 330 DUNKIRK, MD 20754	
4. Date of incor	poration/qualification: 07/16/2	2007 Document number: F07000003579	
	d street address of the current artment of State: (If resigned, et	registered agent and registered office on file with the nter resigned)	20
	C T CORPORATION SYSTE	EM	J 91
	1200 SOUTH PINE ISL	AND ROAD	0.1 HINT 6.102 1. 5.1
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office	## II: 22
	Northwest Registere	ed Agent LLC	
	7901 4th St N STE 300		
		P.O. Box NOT acceptable	
	St. Petersburg FL 33	3702	
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its registe	ered agent,
Such change wa authorized by th	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an officer sas been notified in writing of the change.	50
Sta	n Skalka	Stan Skalka, President	
I hereby accept I further agree performance of	the of an officer or director the appointment as registere to comply with the provisions my duties, and I am fomiliar	Printed or typed name and title d agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as regi rely to reflect a change in the registered office addre n notified in writing of this change.	istered ess, I
lon	Glove	6/10/19	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Tom Glove	r		
T	yped or Printed Name		
	* * * F]	ILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)