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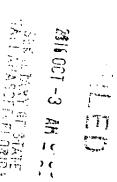
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Victoria Robbins Realty, Inc.

Name of Corporation

DOCUMENT NUMBER: GA 1889

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:

Victoria Robbins

Name of Contact Person

Victoria Robbins Realty, Inc.

Firm/Company

212 Duckwood Lane

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

vikkir@robbinsrealty.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Robbins

,904 (631-621²

Name of Contact Person

Area Code & Daytime Telephone Number

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	nnge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <mark>Flori</mark> stered agent, or both, in the State of Florid	da
1. The name of	the corporation: Victoria Robbins	Realty, Inc.	
2. The principal	office address: 3000 Ponce de stine, FL 32084	Leon Blvd., Suite 4	
3. The mailing a	address (if different): 212 Duckwo	ood Lane Ponte Vedra Beach	, FL 32082
4. Date of incor	poration/qualification: 6/2/1983	Document number: GA1889	
	d street address of the current registered rtment of State: (If resigned, enter resigned)	I agent and registered office on file with the med)	e
	Victoria Robbins Realty, In	C.	
	212 Duckwood Lane		
	Ponte Vedra Beach, FL 32	082	200
6. The name and (if changed):	d street address of the new registered at	gent (if changed) and /or registered office	ALL ALLASSEE.
	3000 Ponce de Leon Blvd.	, Suite 4	25 H
	St. Augustine, FL 32084		किल्ली १६
	P.O. Box N	OT acceptable	
The street addr	ess of its registered office and the stre	et address of the business office of its reg	istered agent,
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been	ed by its board of directors or by an offic notified in writing of the change.	er so
Victo	ra Mollins	Victoria Robbins	
I haraby accom	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all story of the comply with an appearance of the complete that the corporation has been notified that the corporation has been notified.	Printed or typed name and title and agree to act in this capacity. atutes relative to the proper and complete a change in the registered office ad in writing of this change.	e egistered dress, I
1/ict	regi Colifinis	9/26/2016	
	mature of Registered Agent	Date	
Victor	chalf of an entity:		

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