## L02000014051

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800187451278

11/18/10--01012--021 \*\*150.00

2010 NOV 18 AM 9: 81

C. LEWIS NOV 2 2 2010 EXAMINER

7324175990

ρ.4

r.vu4

## COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT:	Victory Investment Group LLC					
	Name of Limited Liability Company					
Dear Sir or Ma	dam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Allan Joseph					
	Name of Person					
	David & Joseph PL			_		
	Firm/Company					
100	1 Brickell Bay Drive, suite 2	002		<del></del>		
	Andress					
	Miami, FL 33131 City/State and Zip Code			_		
E-mail addres	s: (to be used for future annual report no	otificatio	n)			
For further information concerning this matter, please call:						
Mic	chael VanPatten	_at (	732	ر	417-1040	
ī	Name of Person			Area Cod:	: & Daytime Telephone Number	
Registrat Division	I'/COURIER ADDRESS: tion Section of Corporations		MAILING ADDRESS: Registration Section Division of Corporations			
	Building ecutive Center Circle see, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
\$25 F	Filing Fee		<b>S</b> 5	5 Filing	Fee & Certified Copy	

p.5

Victory Int's

7324175990

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Victory Investment Group LLC 1. Name of the limited liability company: \_\_\_\_\_ 75 Newfield Ave 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Edison, NJ 08837 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 61-1416454 LO2000D14D51 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept\_of States Registered Agent: Registered Office Address: 1 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Allan Joseph **NEW** Registered Agent: David & Joseph Pl NEW Registered Office Address: Suite 2002 1001 Brickell Bay Drive (MUST BE FLORIDA STREET ADDRESS) Miami. If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. or authorized representative of a member Signature of a member Anil K. Monga Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I dereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agen

> vision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00