## L11666065370

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	<del>;</del> #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
ALLAHASSEF FLORING

D. BRUCE

MAY 17 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Victus Somnium, LLC					
	Name of Limite	ed Liability Company				
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for fi	iling.			
Please	e return all correspondence concerning this r	matter to the following:			•	
	Peter A. Draugelis Name of Person					
	Dinsmoré & Shohl LLP Pirm/Company		5			
·	255 East Fifth Street, Suite 1900  Address	· · · · · · · · · · · · · · · · · · ·	SECRETARY LLAHASSE	12 HAY 16	T	
	Cincinnati, OH 45202 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	OF STATE E. FLORIDA	12 SA EE		
E	-mail address: (to be used for future annual report notifical	tion)	÷			
For fi	orther information concerning this matter, pl	ease call:				
	Peter A. Draugelisat (	513 ) 977-8415_				
	Name of Person	Area Code & Daytime Telephone Num	ber	<del></del> -		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÎMITED 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.

Name of the limited liability company:	Victus Somnium, LLC
2. (a) Principal office address of limited liability company	: 14001 Gulf Blvd. #201
(Note: MUST BE STREET ADDRESS)	Madeira Beach, Fl. 33708
(b) Mailing address of limited liability company:	11814 Suncrest Drive
(Note: MAY BE POST OFFICE BOX)	Walton, KY 41094
June 3, 2011	L11000065370
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	12000 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	V Registered Office address:
NEW Registered Agent:	Deborah Grooms
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 West Venice Avenue #B
	Venice "FL34285
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of almember  James Rosenberger  Printed or typed name of signee	aws of the State of Florida, it is hereby orida street address of the registered of the ical. Or, in the case of a Florida limited was/were authorized by an affirmative ote wise provided in the articles of figurization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to met addraws, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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