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SEP 1 1 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Victory Suppliers LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Musselman

Name of Person

Clearwater Professional Accounting Services LLC

Firm/Company

15201 Roosevelt Blvd. Suite 112

Address

Clearwater, FL 33760

City/State and Zip Code

don@cpalargo.com

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

For further information concerning this matter, please call:

Don Musselman

 $_{\rm at}$ (27 $_{\odot}$ 50

、539-0362

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
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

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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.

1. Na	me of the limited liability company: Victory Suppliers L	LC			
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 901 Lakeview Road Clearwater, FL 33756			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	901 Lakeview Road Clearwater, FL 33756			
06/11/20	012	L12000077270			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown or		la Dept. of S	State:	
	Registered Agent:	American Safety Council, Inc.			
	Registered Office Address:	5125 Adanson St.			
		Suite 500			
		Orlando, FL 32804	 	255	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office ad	[] Idress 기	13SEP	adamen
	NEW Registered Agent:	Clearwater Professional Accou	unting Services	ringo	Line de maria
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15201 Roosevelt Blvd Suite 112		垩	
		Clearwater,	黑紅	33760	
confirmand the liability the method operature. Signature Kevin Se	······································	Florida street address of to tical. Or, in the case of a s) was/were authorized by	he registere a Florida lin v an affirma	d offication	te of
Printed	or typed name of signee				
I here comply and I a Chapte addres	by accept the appointment as registered agent and with the provisions of all statutes relative to the part amiliar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to me the company of the limited liability company.	agree to act in this capac roper and complete perfo osition as registered ages erely reflect a change in ny has been notified in wi	city. I further frmance of in the sprovide the register friting of this	er agre ny duti led for led offic chang	e to ies, in ce ge.

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

Signature of Registered Agent