113000 153744

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

Office Use Only



900342488089

04/03/20--01022--006 ••35.00

04/27/20--01031--005 **25.00

2020 APR 27 AM 9: 36
SECRETARY OF STATE
TALLAHASSEF FOR ORDER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: VICTORIA PARC SE Name of Limited Liab	CCC pility Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.				
Please return all correspondence concerning this matter to the fol	llowing:				
DONALD SANTOS Name of Person	-				
VICTURIA PARC SR LLC Firm/Company					
151 MILL 57 # 233	-				
GAHANNA OH 43230 City/State and Zip Code) -				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (772) 260-4770 Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
\$25 Filing Fee	Filing Fee & Certified Copy				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company

submits	s the following statement in order to change its registered office o	r registered agent, o	r both, in the State of Florida.
1. Na	me of the limited liability company: VICTORIA PA	nc SR	(LC
2. (a)	200 CU (00 - D=== D		
\	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres	is of limited liability company; Y BE POST OFFICE BOX)
	PORT SAINT LUCIE, FL	151 MILL	ST # 233
	34986	GAIHAR	UNA DH 43230
	10/31/2013	L130000	0153744
3.	Date of filing/registration in Florida 4.	Document	number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida De VICTORIA PARC SR LLC Registered Office Address MUST BE FLORIDA STREET ADDRESS) 993 SW GRAND RESERVE PURT SAINT LUCIE FL. 34	BLVO	OLD INCORRECT ADDR 151 MILL ST # 233 GAHANNA (FZ 4323
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: VICTORIA PARC SR LLC NEW Registered Office Address: 893 SW GRAND RESERV PORT SAINT LUCIT. FL. 349	E BLVD	2020 APR 27 AM 9: 36 SECRETARY LOSINE
change agent w	mited liability company is not organized under the laws of the Sta or changes are made, the Florida street address of the registered of vill be identical. Or, in the case of a Florida limited liability compared authorized by an affirmative vote of the members of the limite	office and the busine pany, it is hereby cor	ss office of the registered firmed that the change(s)

the larticles of organization of the operating agreement of the limited liability company

dire of a member or authorized representative of a member

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 605, F.S. Or, if this document is being filed to marely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

Signature of Registered Agent