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COVER LETTER -

TO:	Registration Section Division of Corporations			·		
SUBJE	Victory Christian Satellite Schools, LLC					
SUBJE		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change	and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to	the fol	lowing:		
Gene	va D Cornwell					
	Name of Person		<u> </u>			
Victor	y Christian Satellite Schools, LLC					
	Firm/Company					
6191	SW County Road 344					
	Address					
Trent	on, Florida 32693					
	City/State and Zip Code					
vcsco	rnwell1981@gmail.com					
Ē	-mail address: (to be used for future annu	ial report n	otifica	tion)		
For fur	ther information concerning this matter,	please call:				
Gene	va D Cornwell	352		463-8663		
	Name of Person	_	1	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassec, Florida 32314		
	Enclosed is a check for the following	amount:				

□ \$55 Filing Fcc & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

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 the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Victory Chris	ry Christian Satellite Schools, LLC			
2. (a)	6191 SW County Rd 344	(b) 61	91 SW County Rd 344		
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Trenton FL 32693	<u>Tre</u>	enton FL 32693		
	August 07, 2014		000110702		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Geneva D Cornwell				
). (u)	Registered Agent and Registered Office shown on the records of 6191 SW County Rd 344	of State:			
	Registered Office Address (MUST BE FLORIDA STREE)	TADDRESS)			
	Trenton , F	32693			
(b)	Geneva d Comwell		-5 FM D		
(-/	Enter name of NEW Registered Agent and/or NEW Registered	بن ٿئ			
	6191 SW County Rd 344		50		
	NEW Registered Office Address:				
	Trenton F	<mark>3269</mark> 3			
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compa- of the limited	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
K	seval Orawell		D Cornwell		
Signa	ture of a member or authorized representative of a member		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent