## L14000/83475

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





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SECRETARY OF STATE
AND AHASSFE, FLORIDA

APR 2 4 2014

C. CARROTHERS

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of Limited	ineers A LLC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to th	ne following:		
Fredd Darmond Name of Person Victory Engineers A			
3370 N Hills Drive			
Holywood FL 33021			
Fredidarmon @ ama E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, please call:			
Fresty De Mondat (95) Name of Person	Area Code & Daytime Telephone Number		
Registration Section Division of Corporations Clifton Building	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

INHS18 (2/14)

## 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. Name of the limited liability company (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. 5. (a) Office shown on the records of the Florida Dept. of State: Regist (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW/Registered Office Address: 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 yote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. zed 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 Register

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