

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230,7300 2,740,740,740,740,740,740,740,740,740,740
(Document Number)
(Document Namber)
Contifued Continue of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/03/23--01022--012 ++35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Victory Made, LLC Name of Corporation	
Name of Corporation	-
DOCUMENT NUMBER: L15000183701	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Stephen Wawrin	
Name of Contact Person	
Victory Made, LLC	
Firm/Company	- ,
8673 Transport Drive	
Address	
Orlando, FL 32832	
City/State and Zip Code	
amehringer@escaladesports.c	om
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Alicia Mehringer	31 (812 \ \\ \)467-1226
Name of Contact Person	at (812) 467-1226 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the l	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.O. DOX 0327	The Centre of Tahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statute anized under the laws of the State of <mark>Florida</mark> istered agent, or both, in the State of Florida	1
1. The name of	he corporation: Victory Made, LLC		
2. The principal	office address: 8673 Transport Drive, Or	rlando, FL 32832	
	00.0 000.7	W. A. A. C.	
	ddress (if different): PO Box 889, Evan		
4. Date of incorp	poration/qualification: 10/29/2015	Document number: L15000183701	
	street address of the current registered tment of State: (If resigned, enter resig	I agent and registered office on file with the ned)	
	Mr. Lowman (resigned)		
	1000 Legion Place, Suite 1700		
	Orlando, FL 32801		
The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	<u>i_ </u>
	Stephen Wawrin		·
	8673 Transport Drive		: :
	РОВ	lox NOT acceptable	-
	Orlando, FL 32832		
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly adopte c board, or the corporation has been n	ed by its board of directors or by an office notified in writing of the change.	r so
\mathcal{M}	1 Wan-	Stephen Wawrin	
	of an officer or director	Printed or typed name and title	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent a comply with the provisions of all sta I I am familiar with and accept the ob g filed merely to reflect a change in t been notified in writing of this change	nd agree to act in this capacity. atutes relative to the proper and complete p pligation of my position as registered agen he registered office address, I hereby conf e.	performance t. Or, if this irm that the
$M \rightarrow d$	1 Wa. '_	09/28/2023	
Sign	ature of Registered Agent	Date	
lf signing on beh	alf of an entity:		
Stephen Wawrin			
Туј	oed or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)