

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

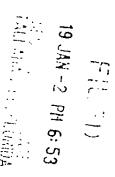
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COVER LETTER

		COTTON	1120					
TO:	Registration Section Division of Corporations							
SUBJ	Victor Prebor 2 Architecture LLC							
	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 tiling.					
Please	return all correspondence concerning this	s matter to the fol	lowing:					
Victor	r M Prebor							
	Name of Person	 						
Victor	r Prebor 3 Architecture IIc							
	Firm/Company							
130 S	S. Massachusetts Ave ste 212							
	Address							
Lakel	and, Florida 33801							
	City/State and Zip Code		•					
victor	@vprebor.com							
E	E-mail address: (to be used for future annu	ial report notifica	ition)					
For fur	rther information concerning this matter, 1	please call:						
Victor	Prebor	863	4504514					
	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	Regis Divis P.O. l	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	\(\sigma\) \$55	Filing Fee & Certified Copy					
	0.401.4							

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.

١.	Na	me of the limited liability company:	Victor Prebor 3	3 Archit	ecture IIc				
2. (a)	130 S Massachusetts Ave, ste	212	(b) 130 S Massachusetts Ave, ste 212					
(,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Lakeland, FL 33801			Lakeland, FL 33801				
3.		Date of filing/registration in	Florida	4.		Document number			
5.	(a)	Business Filings Incorporated							
	7	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				:	19 JA		
		Plantation		33324			1 - 12 P		
		Victor M. Prebor					<u> </u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		1430 Derby Drive					(A) 53		
		NEW Registered Office Address:							
		Lakeland	, FL ³	33809					
the age was	chai nt w /we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a fire authorized by an affirmative vote coles of organization of the operating a	street address of t Florida limited liab of the members of	he regist pility con the limi imited li	ered office npany, it is ted liability ability com	and the business off hereby confirmed the company or as other pany.	ice of the registered at the change(s)		
		are of a member or authorized representative	of a member	Victo	or M. Preb	OOF Printed or typed name of	· · · · · · · · · · · · · · · · · · ·		
I he pro- the to r noti	ereb visio obli tere fica	by accept the appointment as registers on sof all statutes relative to the proping at the proping as registered a change in the registered of the writing of this change. It is writing at this change in the registered of the change of this change.		e to act . verforma for in C ereby co.	in this capa nce of my d hapter 605, nfirm that t	••	•		

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