

L16 000 116 712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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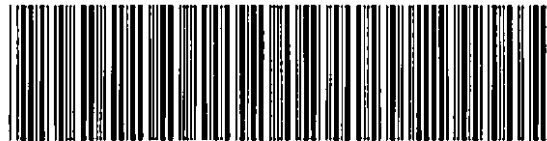
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Victorem Consulting LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaclyn Gilliland

Name of Person

Victorem Consulting LLC.

Firm/Company

2234 North Federal Hwy., #1188

Address

Boca Raton, FL 33431

City/State and Zip Code

jackie@victoremconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn Gilliland

636

579-6545

at (_____) _____

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

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

2019/09-7 10:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2019

JACLYN VICTORIA GILLIALAND
5500 N. MILITARY TRAIL
APT. 236
BOCA RATON, FL 33496

SUBJECT: VICTOREM CONSULTING, LLC
Ref. Number: L16000116712

We have received your document for VICTOREM CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00021386

**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. Name of the limited liability company: Victorem Consulting LLC.
2. (a) 2234 N. Federal Hwy #1188
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton, FL 33431
- (b) 2234 N. Federal Hwy #1188
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33431

3. 06/16/16
Date of filing/registration in Florida
4. L1600016712
Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court A Tampa, FL 33612
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
6501 Congress Avenue Suite 100
Boca Raton, FL 33487

- (b) Jaclyn Gilliland
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2234 N. Federal Hwy #1188
NEW Registered Office Address:
Boca Raton, FL 33431

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jaclyn Gilliland Jaclyn Gilliland
Signature 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.

Jaclyn Gilliland
Signature of Registered Agent

2016 JUN 16 9:23