## 1800222543

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## COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Victory Hospitality 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:						
Randy (Randall) W. Wilds Name of Person						
Victory Hospitality LLC. Firm/Company						
11045 West Murland ST. Address						
Orlando, FL, 72805 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mark Muchebyhab at (407) 259-8385  Name of Derson Date of Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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						
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.

1. Na	me of the limited liability company:	<u> </u>	tospital	ity L	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b) <u></u>	Mailing address	S West Me s of limited liability BE POST OFFICE	company:
	Orlando, FL, 32805	_ <i>C</i>	) Mando, F	7, 328	05
2	9/19/2018	<del></del>	180002	<u> </u>	
<ul><li>3.</li><li>5. (a)</li></ul>	Mark Mughe Laheb Registered Agent and Registered Office shown on the records of the	4. ne Florida Dep	Document i	numœr	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<del></del>	. 18	
	Orland, Fl. 32805			CCT 26	
(b)	Randall W Wilds Enter name of NEW Registered Agent and/or NEW Registered (	Office address	<u> </u>	3 8 2 01	; ;
	NEW Registered Office Address:				
	, FL				
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of organization or the operating agreement of the least of organization or the operating agreement of the least of organization.	the registere bility compa the limited imited liabi	ed office and the bus any, it is hereby cor liability company of lity company.	siness office of nfirmed that the or as otherwise	the registered change(s) provided in
	ture of a member of authorized representative of a member		Printed or ty	<del>=</del>	_
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided the reflect a change in the registered office address. I had in writing of this change.	oerformance	of my duties and i	l am familiar w.	ith and accent
Signatu	re af Registered Agent				