

L200000244987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

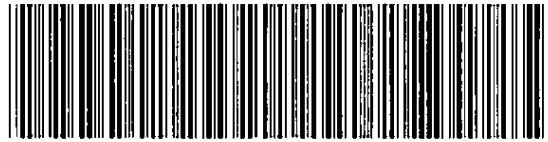
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2023 OCT 31 AM 8:39
SEC. 1
TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA VICTOIRE, 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:

Shamoya Rivas

Name of Person

LA VICTOIRE, LLC

Firm/Company

2054 Vista Parkway Emerald view Suite 400

Address

West Palm Beach, FL 33411

City/State and Zip Code

LaVhealthfusion@gmail.com

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

For further information concerning this matter, please call:

Shamoya Rivas

Name of Person

at (954) 292 8933

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Name of the limited liability company: LA VICTOIRE, LLC

2. (a) 2054 Vista Parkway (b) 2054 Vista Parkway
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Emerald view Suite 400
West Palm beach, FL 33411

Emerald view Suite 400
#916, West Palm beach 33411

3. 07/20/23 4. L20000244987
Date of filing/registration in Florida Document number

5. (a) Rivas, Shamoya
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2901 Poolside Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Greenacres FL 33463

(b) Legalinc Corporate Services INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

. 476 Riverside Ave.
NEW Registered Office Address:

Jacksonville FL 32202

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.

Shamoya Rivas Shamoya Rivas
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Erik Treutlein Erik Treutlein, President on behalf of
Signature of Registered Agent Legalinc Corporate Services Inc.

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2023 OCT 31 AM 8:39
TALLAHASSEE, FL
SECRETARY OF STATE