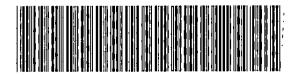
L21000319915

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

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Victoria Park Investors, LLC						
, O D 0 12	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please t	return all correspondence concerning th	is matter to the following:					
Jack Rif	fenbark						
•	Name of Person	· · · · · · · · · · · · · · · · · · ·					
Cochise	Capitol, LLC						
	Firm/Company						
1803 Po	ontius Ave						
	Address						
Los Ang	geles, CA 90025						
	City/State and Zip Code						
jr@cocł	nisecap.com						
E	-mail address: (to be used for future ann	nual report notification)					
For fur	ther information concerning this matter	. please call:					
Jack Rif	Penbark	310 444-4221 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					
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.

i.	Na	me of the limited liability company: Victoria Park Inve	stors, L	LC 	
2.	(a)	1803 Pontius Ave, LA CA 90025	(b)	
	(4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		07/13/2021	_	L210003199	15
3.		Date of filing/registration in Florida	- 4.		Document number
5. (a)	(3)	National Registered Agents Inc.			
	Registered Agent and Registered Office shown on the records of 1200 S Pine Island Road Registered Office Address (MUST BE FLORIDA STREET A	- ::			
	Plantation, FL	33329			
(b)		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
		NEW Registered Office Address:			
		1200 South Pine Island Road			
		Plantation, FL	33324		
the age was the S I he protector not By:	cha ent w s/we arti ignat ignat obli obli nere ified	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ure of amember or authorized representative of a member of decept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ignations of my position as registered agent as provided by reflect a change in the registered office address, I have in the composition of this change. C T Corporation System	the regability of the limited	istered office company, it is mited liability liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee active I further garee to comply with the
Sig	natu	re of Registered Agent			