

121000395901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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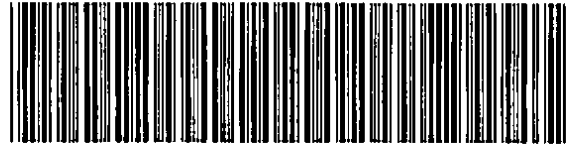
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VICTORIS BUSINESS 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:

Habinson Victorin  
Name of Person

Victoris Store  
Firm/Company

3728 10th ST W  
Address

Lehigh Acres/ FL 33971  
City/State and Zip Code

victorisstore@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Habinson Victorin at (503) 9846382  
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

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**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: VICTORIS BUSINESS LLC

2. (a) 3728 10th ST W Principal office address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**)  
LEHIGH ACRES, FL 33971

(b) 3728 10th ST W Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)  
LEHIGH ACRES, FL 33971

3. 08 SEP 2021 Date of filing/registration in Florida

4. L21000398901 Document number

5. (a) ZENBUSINESS INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
336 E COLLEGE AVE  
 Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
STE 301  
TALLAHASSEE, FL 32301

(b) HABINSON VICTORIN  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3728 10TH ST W  
**NEW Registered Office Address**:  
LEHIGH ACRES, FL 33971

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 STATE OF FLORIDA  
 TALLAHASSEE

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.

Habinson Victorin  
 Signature of a member or authorized representative of a member

Habinson Victorin  
 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.*

Habinson Victorin  
 Signature of Registered Agent