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(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							



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A. RIVERS FEB 2 0 2023

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Office Use Only

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. N	ame of the limited liability company: VICTORY MO	ORE L	LC		
2. (a)	1359 Canary Island Dr.	(b	1359 Ca	nary Island Dr.	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Aailing address of limited liability (Note: MAY BE POST OFFICE)	
	Weston, FL 33327	_	Weston,	FL 33327	
	10/18/2022	-	L2200044	7999	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.			
. (u)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD., SUITE 36 Registered Office Address (MUST BE FLORIDA STREET AD		· 	:	
	Registered Office Address	/DRESS			
	ORLANDO	2822			
(b)	Earle Moore				
(0)	Enter name of NEW Registered Agent and/or NEW Registered O				
	1359 Canary Island Dr.				
	NEW Registered Office Address:				
	Weston FI 3	3327			
he cha igent w was/we he arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the solution of the operating agreement of the limited liability of the operating agreement of the limited liability.	of the ne regis ility co the limi mited li	tered office mpany, it is ited liability iability com le Moore	and the business office of hereby confirmed that the company or as otherwise p pany.	the registered change(s)
_	rure of a member or authorized representative of a member	<u>-</u>		Printed or typed name of signee	
provisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided felt reflect a change in the registered office address, I her in writing of this change.	to act erforma for in C reby co	in this capa ince of my d hapter 605, nfirm that th	uties, and I am familiar wi F.S. Or, if this document he limited liability compan	th and accept is being filed v has been
Signatu	re of Registrated Agent			ō.	ì

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