

<https://efile.sunbiz.org/scripts/efilcovr.exe>[5/25/2016 11:09:31 AM]

May. 25. 2016 11:10AM

BRETT HENDEE, P. A. 813-259-1106

No. 5904 P. 2/4

((H16000129164 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Victus Capital Management, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew R. Schroeder, Esq.

Name of Person

Brett Hendee, PA

Firm/Company

1700 S. MacDill Ave., STE 200

Address

Tampa, FL 33629

City/State and Zip Code

ibeattie@bretthendee.com

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

For further information concerning this matter, please call:

Matthew Schroeder, Esq. at (813) 258-1177

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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

((H16000129164 3)))

(((H16000129164 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Victus Capital Management, LLC

Enter new principal office address, if applicable: 406 St. Andrews Dr.

(Principal office address

MUST BE A STREET ADDRESS)

Belleair, FL 33756

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o Brett Hendee, PA

1700 S. MacDill Ave, STE 200

Tampa, FL 33629

2. The Florida document number of this limited liability company is: M01000000257

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/30/2001

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

(((H16000129164 3)))

FILED

2016 MAY 25 PM 2:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

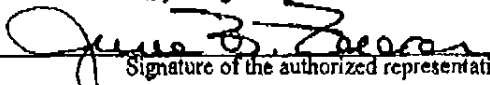
(((H16000129164 3)))

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 Signature of the authorized representative  
 June B. Zwan, President of Manager  
 Typed or printed name of signee

Filing Fee: \$25.00

(((H16000129164 3)))

FILED  
 MAY 25 P 2:53  
 SECRETARY OF STATE  
 FLORIDA