

m09 000002092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Victory Access Control 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:

Peter H Higgins
Name of Person

Victory Access Control LLC
Firm/Company

342 Toney Penna Drive Suite 3
Address

Jupiter Florida 33458
City/State and Zip Code

Morgan @ VictoryAccess.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

M Morgan at (561) 748-0088
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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2014

PETER H HIGGINS
VICTORY ACCESS CONTROL, LLC
342 TONEY PENNA DRIVE, SUITE 3
JUPITER, FL 33458

SUBJECT: VICTORY ACCESS CONTROL, LLC
Ref. Number: M09000002092

We have received your document for VICTORY ACCESS CONTROL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. The form you completed is for a corporation and you are a limited liability company. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 614A00023850

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14 NOV 25 PM 2:25

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

See attached Form
Thank you

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: Victory Access Control LLC

2. (a) 342 Toney Penna Dr (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 3
Jupiter, Florida 33458

3. June 2009 4. MO9000002092
Date of filing/registration in Florida Document number

5. (a) Law Office of Sherry L. Human PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3535 Militar Trail Suite 101
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jupiter, FL 33458

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Peter H Higgins
NEW Registered Office Address:
342 Toney Penna Drive Suite 3
Jupiter, FL 33458

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SECRETARY OF STATE

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.

[Signature] PETER H. HIGGINS
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.

[Signature]
Signature of Registered Agent

already paid 35.00