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(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	<i>→</i> #)
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10/13/11--01006--019 **35.00



10/14/11

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Victoria Plaza Condominium Association, Inc. Name of Corporation			
DOCUMENT NUMBER: NO 60000 10 474			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person			
Richardson Kleiber Walter Kleiber Butten Inc.			
Kleiber Button Inc. Firm/Company			
722 Ager Road Unit E			
Soro-so+o F1. 34240 City/State and Zip Code			
Tener D Sarasola warehouses, com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Renze Richardson Kling at (941) 232-9406 Name of Contact Person at (941) 232-9406 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Victoria Plaza condominium Association 2. The principal office address: 7/82-7208 2124 Street East I
Socresola, Fl. 34243
3. The mailing address (if different): Qo. Box 2879
Soreson, Fl 34230
4. Date of incorporation/qualification: 145/04 Document number: NO600010474
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
1530 Dapha Street, Suite 4 Sp 3 M
Sarasola FL 34836
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kleiber Suther Klinged Kleiber Suther Klinged
722 Opex Road, Unit 6 P.O. Box NOT acceptable
Socresola FL 34240
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Agnature of an office or director William J. Jewell Res. Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
White tolulu
Signature of Registered Agent / Date/ If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *