

N12 000000 782

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2014

PHILIPPE LAMERY
SOBE MANAGEMENT
429 LENOX AVE - STE. 4CO4
MIAMI BEACH, FL 33139

SUBJECT: VICTORY CONDOMINIUM ASSOCIATION INC.
Ref. Number: N12000000782

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

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00015329

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VICTORY CONDOMINIUM ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: N12000000782

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:

Philippe Lamery
Name of Contact Person

SoBe Management
Firm/Company

429 Lenox Ave Suite 4C04
Address

Miami Beach, FL 33139
City/State and Zip Code

management@soberealty.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philippe Lamery at (305) 749-7500
Name of Contact Person 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: VICTORY CONDOMINIUM ASSOCIATION INC.
2. The principal office address: 734 MERIDIAN AVE MIAMI BEACH, FL 33139
3. The mailing address (if different): C/O SoBe Management 429 Lenox Ave Suite 4C04 Miami Beach, FL 33139
4. Date of incorporation/qualification: 01/20/2012 Document number: N12000000782

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)

ROUZE, DONALD P
418 EUCLID AVE. #2-B
MIAMI BEACH, FL 33139

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SoBe Management (File Name # G13000033359)
429 Lenox Ave Suite 4C04
P.O. Box NOT acceptable
Miami Beach, FL 33139

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.

Signature of an officer or director: [Handwritten Signature] 6-27-14

DONALD ROUZE Treasurer
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.

Signature of Registered Agent: [Handwritten Signature]

Date: 06/23/14

If signing on behalf of an entity:

Philippe Lamery
Typed or Printed Name

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