## N17000005570

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## COVER LETTER

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TO:	Amendment Section
	Division of Corporations

SUBJECT: V FOR VICTORY OF FLORIDA, INC. Name of Corporation

DOCUMENT NUMBER: N17000005570

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:

JR ROTH, ESQ. Name of Contact Person ROTH LAW FIRM PL Firm/Company 450 STATE ROAD 13 NORTH, SUITE 106-134 Address SAINT JOHNS, FL 32259 City/State and Zip Code JB@ROTHFIRM.NET E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IB ROTH	at ( 904 ) 595-7900
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the corporation: <u>V FOR VICTORY OF FLORIDA, INC.</u>

2. The principal JACKSONVILL	office address: 6100 PHILIPS HIGHWAY, SUITE 1 .E. FL 32216	
	address (if different): PO BOX 550784, JACKSONVILLE, FI	. 32255-0784
	poration/qualification: 05/23/2017 Document n	
	d street address of the current registered agent and registered rtment of State: (1f resigned, enter resigned)	office on file with the
	ROTH LAW FIRM PL	
	6100 GREENLAND ROAD, SUITE 604	
	JACKSONVILLE, FL 32258	
6. The name and (if changed):	d street address of the new registered agent (if changed) and	•
	ROTH LAW FIRM PL	2
	12724 GRAN BAY PARKWAY WEST, SUITE 410	/ ,
	P.O. Box NOT acceptable	

JACKSONVILLE, FL 32258

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

JACKLYN OVERBY, DIRECTOR Printed or typed name and tille

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.

mature of Registered Agent

If signing on behalf of an entity:

JEAN B. ROTH

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E043 (04/13)