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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (514)280-3338

Phone Fax Number

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## REGISTERED AGENT CHANGE VICTORY LANDING HOMEOWNERS ASSOCIATION INC

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

14

in orde	r to change its registered office or regis	inized under the laws of the State of Flor stered agent, or both, in the State of Flor		
I. The name of t	the corporation: VICTORY LANDING H	OMEOWNERS ASSOCIATION, INC.		
2. The principal	office address: 50601 Agoura Road, Suite	200 Agoura Hills, CA 91301		<del></del>
3. The mailing a	ddress (if different):		<del></del>	<del></del>
4. Date of incorp	poration/qualification: 5/23/2019	Document number: N190000057	70	
	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with t ned)	he	
	GIDEL, ROBERT H, JR			
	400 N. ASHLEY DRIVE SUITE 1100 T	'AMPA, FL 33602	<u> </u>	
6. The name and (if changed):		ent (if changed) and /or registered office	The Party of the Aon 6	
	C T Corporation System		7, 3	
	c/o C T Corporation System, 1200 South		9: 3	`
	P.O. Box. NO	T acceptable	ुं लें	
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its reg	gist <del>ere</del> d agent,	
Such change wa authorized by th	is authorized by resolution duly adopte to board, or the corporation has been no	d by its board of directors or by an offic orified in writing of the change.	er so	
	Crui on other or director	Torder Kusher Sec	rotary	
hereby account further perce to performance of igent. Or, if this levely confirm	the appointment as registered agent are comply with the provisions of all sampy duties, and I am familiar with and s document is being filed merely to refthat the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complet accept the obligation of my position as i lect a change in the registered office at	e registered	
CTCon Otop∂	poration System	10/28/2019		
9 gre	alure of Rogastered Agent	Date		
If signing on bel	half of an entity:			
·	, Assistant Secretary			
<del>(</del>	rped & Printed Name	242 005 00 4 4 4		
	* * * FILING FI	_		
M	MAKE CHECKS PAYABLE TO FIG AIL TO: DIVISION OF CORPORATIONS, P	drida Department of State .O. Box 6327, Tallahassee, FL 32314	4	