

N19 000010593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

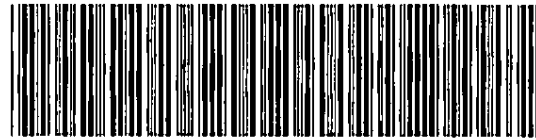
(Business Entity Name)

(Document Number)

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S TALLENT

FEB 18 2020

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2020

MAXINE MASON  
VICTORY HOMES TENANT COUNCIL ASSOCIATION  
520 N. W. 73 TERRACE  
MIAMI, FL 33150

SUBJECT: VICTORY HOMES TENANT COUNCIL ASSOCIATION, INC.  
Ref. Number: N19000010593

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly. ✓

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly. ✓

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc. (Ex. President is circled)

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00000904

REC  
2/18/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Victory Homes Tenant Council Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 19000010593

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:

MAXINE MASON, President  
Name of Contact Person

Victory Homes Tenant Council Association, Inc  
Firm/Company

520 N.W. 73 Terrace. Miam., FL 33150  
Address

Miami, Florida. 33150  
City/State and Zip Code<sup>1</sup>

victoryhomescommunitycenter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAXINE MASON at ( 986 ) 222-1400  
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Victory Homes Tenant Council Association, Inc.
2. The principal office address: 520 N.W. 72 Lane Miami, Florida 33150.
3. The mailing address (if different): 520 N.W. 73 Terr. Miami, FL 33150
4. Date of incorporation/qualification: 09/24/2019 Document number: N 19000010943
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)

Maxine Mason, President  
529 NW 73 terrace  
Miami, FL 33150.

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

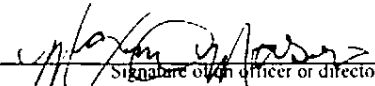
Maxine Mason, President  
520 N.W 73 terrace  
P.O. Box NOT acceptable  
Miami, Florida 33150.

2020 FEB 18 PM 12:30

FILED


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

Maxine Mason (President)  
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

02-07-20  
Date

If signing on behalf of an entity:

Maxine Mason  
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  
CR2E045 (04/13)