## P00000093739

(Reque	estor's Name	)
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## **COVER LETTER**

Division of Corporations		
SUBJECT: VIKING MOSON TOC.  Name of Corporation		
DOCUMENT NUMBER: P0000093739		
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		
Viking Mosony Trc.		
4700 millenia Blvd. Ste. #175		
Orlando, Fl 32839 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephonie Westman at 407 350-5000  Name of Contact Person at 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

TO:

Amendment Section

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

statement of change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Viking Masony Inc.
2. The principal office address: 4700 milleria Blvd. Ste. #175  Orlando, Fl. 32839
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/2/2000 Document number: P0000039373
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)
Stephanie Westman
4812 Zion Drive
54. Clard, Fl 34772
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephanie Westman
4700 milleria Blvd Stett 175
Orlando, Fl. 32839
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 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.
4-27-17
Signature of Registered Agent Date
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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

Typed or Printed Name