

PD2000011978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

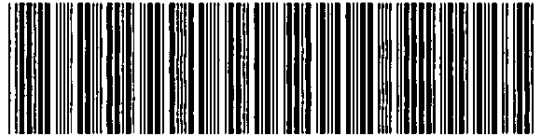
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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B.A.

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6/10/09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: VICTORY SECURITY Agency INC.  
(Name of Corporation)

DOCUMENT NUMBER: B-250 0257

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:

LISA LEE

(Name of Contact Person)

Victory Security

(Firm/Company)

1634 E. 47<sup>th</sup> Street, Unit 20

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Bowman

(Name of Contact Person)

at ( 412 ) 429-0627

(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VICTORY SECURITY AGENCY, INC.
2. The principal office address: 1634 E. 47th Street, Unit 20  
Cape Coral, FL 33904
3. The mailing address (if different): 416 Washington Avenue, 2nd Floor  
CARNEGIE, Pa 15106
4. Date of incorporation/qualification: 2/1/2002 Document number: P02 000011978
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
LISA Lee  
5945 Tarpon Gardens Circle Suite 201  
Cape Coral, FL 33914

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

LISA Lee  
1634 E. 47th Street Unit 20  
(P.O. Box NOT acceptable)  
Cape Coral, FL 33904

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.

Kathleen H Bowman  
(Signature of an officer or director)

Kathleen H Bowman  
(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.

Lisa Lee  
(Signature of Registered Agent)

6/1/09  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (3/05)

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