

P/2000 101351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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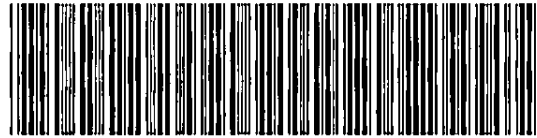
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Victoria Building Property, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000101351

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:

Sharon R Miller

Name of Contact Person

STM Associates, Inc.

Firm/Company

6389 River Rd

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

sharon@sharonmillercpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Miller

Name of Contact Person

at (407) 765-1258

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

1. The name of the corporation: Victoria Building Property, Inc.
2. The principal office address: 613 Timberline Dr. New Smyrna Beach, FL 32168

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/13/2012 Document number: P12000101351

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)

C M Lybrand & Co LLC

728 Canal St

New Smyrna Beach, FL 32168

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

Michael M. Coats

503 Boxwood Ln

P.O. Box NOT acceptable

New Smyrna Beach, FL 32168

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.

Jerry C. Sapp
Signature of an officer or director

Jerry C. Sapp, 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.

Michael M. Coats
Signature of Registered Agent

7/10/19
Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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