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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORLANDO VILLA RENTALS LTD, INC
Name of Corporation

DOCUMENT NUMBER: FI4000004012

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:

SIMON B HOWELL

Name of Contact Person

HOWELL INTERNATIONAL TAX

Firm/Company

8701 W IRLO BRONSON MEMORIAL HWY, SUITE 100

Address

KISSIMMEE FL 34747

City/State and Zip Code

EMMA.HOWELL@HOWELLINTERNATIONALTAX.COM

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

For further information concerning this matter, please call:

SIMON B HOWELL

Name of Contact Person

at (407)

245 7600

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

2022 SEP 21 4:19:21 PM

**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: ORLANDO VILLA RENTALS LTD. INC
2. The principal office address: 31 BISHAM PARK, SANDYMOOR
RUNCORN, CHESHIRE WA7 1XH, UNITED KINGDOM
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/22/2014 Document number: F14000004012
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)
REGENT VACATION VILLAS & PROPERTY MANAGEMENT
8297 CHAMPIONS GATE BLVD #332
CHAMPIONS GATE FL 33896

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

SIMON B HOWELL
8701 W. IRLO BRONSON MEMORIAL HWY, SUITE 100
KISSIMMEE FL 34747

P.O. Box NOT acceptable

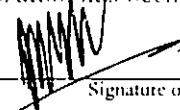
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

LINDA NEEDHAM
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

09/16/2022
Date

If signing on behalf of an entity:

SIMON B HOWELL
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)