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(Re	questor's Name)		
(Ad	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

FO: Registration Section Division of Corporations	·
Orlando Vacation Realty llc	
Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
An Flamand	
Name of Person	
Orlando Vacation Realty IIc	
Firm/Company	
10515 Boca Pointe Dr	
Address	
Orlando, Florida 32836	
City/State and Zip Code	
AN@ORLANDOVACATIONREALTY.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
An Flamand 4	.07 739-0495
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10515 Boca Pointe Dr	PO B	Box 691687
	Orlando FL 32836	Orlar	ndo FL 32869
	04-03-2003	L0300	00012054
	Date of filing/registration in Florida	4.	Document number
(a)	Danny Flamand		
(α)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:
	10515 Boca Pointe Dr		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	•		
	Orlando	_{FL} 33897	APR
	, t	'L	—— ± 9
(b)			A Profit
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> .	ed Office address:	ORA,
	An Flamand		
	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		. # 69
	NEW Registered Office Address: 10515 Boca Pointe Dr		
	10313 BOCA POINTE DI		
		., 32836	
	Orlando		

Signature of Registered Agent