Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000029407 3)))



H070000294073ABCS

3 5 . 3 5		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>		
i i		₹
	c Corporations	2001 SEC
I Ear Mumber	: (850)205-0380	
99 ¥		
Hen 🗓		B-1 TARY IASSE
Account Na		動
.,	nber: 120060000001	y
Phone	: (60B)827-5300	, we
Fax Number	: (608)824-0405	—————————————————————————————————————
		⊢ υ

REGISTERED AGENT CHANGE

HOLIDAY RENTALS OF ORLANDO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2/1/2007

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limit	ted liability company is: HOLIDAY RE	INTALS OF ORLANDO LLC
411 FFIAR ROAD WINTE		
5/3/2016		L06000046299
3. Date of filing/registra	tion in Florida	4. Document number
5. The name of the regis Florida Department or	tered agent and the registered office a F State:	ddress as shown on the records of the
••••	THE FLORIDA INCORPORATING CO	DMPANY
	Name 1203 GOVERNORS SQUARE, STE. 10	01
	Address TALLAHASSEE, FL 32301	Z001 SEC
	City, State and Zip	ARE FE
6. The name and address	of the new registered agent and/or of	TARY
. , .	Business Filings Incorporated	
	Name 1203 Governors Square, Sts. 10	. rs [
	Florida street address (P.O. Box N	(OT acceptable)
	Tallahassee FL 32301	
	City, State and Zip	
the operating agreement	mpany is not organized under the law change or changes are made, the Flori f the registered agent will be identically confirmed that the change(s) we disability company or as otherwise to the limited liability company.	s of the State of Florida, it is hereby da street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote of provided in the articles of organization or
(Printed or typed name of signe	omac, Sr.	•
		e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for m y reflect a change in the registered office as been notified in writing of this change.
(Signature of Registered Agent)	Mark &chill	
Divis	on of Corporations, P.O. Box 6327,	Tallahassee, FL 32314
INHS18(10/99)	FILING FEE: \$25	.00
	40700079 400	2 ¬?

17 (00 JOH

TIMIC 10 1 77 7 1