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K. SALY MAR 16 2018

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations						
SUBJECT:	T: ROYAL VILLA D'ESTE LLC Name of Limited Liability Company						
SUBSECT.							
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Office	Change and fee	e(s) are submitted for filing.				
Please returr	all correspondence concerning this m	atter to the fol	lowing:				
JAY KUM	AR						
	Name of Person						
ROYAL VI	ILLA D'ESTE LLC						
	Firm/Company						
PO Box 4	172						
	Address		N				
Dublin, Ol							
	City/State and Zip Code						
geetsjay@)gmail.com						
E-mail	address: (to be used for future annual	report notifica	tion)				
For further i	nformation concerning this matter, ple	ase call:					
JAY KUM,	AR	at (614 804-7425				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314				
Enc	losed is a check for the following am	nount:					
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				
INHS18 (2/14	4)						

, STATEMENT 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.

1.	Na	me of the limited liability company: ROYAL VILLA	D'E	STE LL	_C		
2.	(a)	10778 Arrowwood Dr	(b) PO Box			4172	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	/	Ŋ	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Plain City		Dub	olin		
		OH 43064		OH 430		16	
		09/22/2014		L140	0014	7998	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)	REGISTERED AGENTS INC					
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			of State	☆☆ ∞	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				三三	
		3030 N. ROCKY POINT DR., Suite 150A				FILED RETARY OF AHASSEE.	
		TAMPA , FL	33607	,		HA 16 PH 3 43 HA 16 PH 3 43 LI AHASSEE, FLORIDA	
(ł	(b)	GEETHA KUMAR				PATE ORION	
		Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:		•	
		C/O. Morgan property solutions					
		NEW Registered Office Address:					
		5025 South Orange Ave, Suite #101					
		Orlando , FL	32809)			
the age wa the	cha ent v s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabre.	the reg bility of the lind limited	istered compan mited li	office y, it is ability y com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in spany.	
	_	rure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to i	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have it in writing of this change.	ee to ac perfori l for in ereby	ct in thi nance o Chapte confirm	s capa of my a er 605 i that i	ncity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	
Sig	natu	re of Registered Agent					