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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ	ORLANDO VILLA MANAGE	EMENT LL	C						
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	iclosed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for	· filing.					
Please	#1 1 2	200 E							
XIAO	MING CHEN				ر. د م				
	Name of Person		··		\triangleright				
ORLA	ANDO VILLA MANAGEMENT LLO	2		*	છે.				
_	Firm/Company				-				
2426	Biscotto Circle								
	Address		•						
Dave	noport, FL 33897								
	City/State and Zip Code	<u> </u>							
vacat	ionhomebid@gmail.com								
E	-mail address: (to be used for future ann	ual report no	otification)						
For fur	ther information concerning this matter,	please call:							
XIAO	MING CHEN	863	2071654						
	Name of Person	\	Area Code & Daytime	Telephone Number	г				
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	amount:							
	☑ \$25 Filing Fee	۵	\$55 Filing Fee & Certified	і Сору					
INHS18	3 (2/14)								

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.

i.	Na	me of the limited liability company: ORLANDO VIL	LA M	ANAGEM	ENT LLC				
2.	(a)	2426 Biscotto Circle	- (b	2426 Bis	scotto Circ	cle	_		
	\ - /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabilit (Note: MAY BE POST OFFI					
		Davenport		Davenpo	ort				
		FL 33897	_	FL 3389	7				
		04/08/2016	_	L1600006	69988	:	27. H	· .	
3.		Date of filing/registration in Florida	4.		Document i	number		•	
5	(a)	XIAOMING CHEN					10		
J.	(")	Registered Agent and Registered Office shown on the records of the		Dept. of State	::	- 1	\nearrow	· · · · · · · · · · · · · · · · · · ·	
		625 WISPER RIDGE LOOP, Davenport, FL 3				•	<u>ن</u>		
		Registered Office Address (MUST BE FLORIDA STREET AL 625 WISPER RIDGE LOOP			34				
		DAVENPORT, FL	33897						
	(b)	XIAOMING CHEN							
Enter name of NEW Registered Agent and/or NEW Registered Office address:									
		2426 Biscotto Circle, Davenport, FL 33897							
		NEW Registered Office Address:	-						
		2426 Biscotto Circle							
		Davenport , FL 3	33897						
age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the perating agreement of the li	he regis vility co the limi	tered office mpany, it is ted liability	and the bus hereby con company o	iness off firmed th	ice of the	e registered	
	X,	norws Me		oming Che					
- 8	ighal	ure of a member of authorized representative of a member			Printed or typ	ed name of	f signee		

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.)

Signature of Registered Agent