

M13000006585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

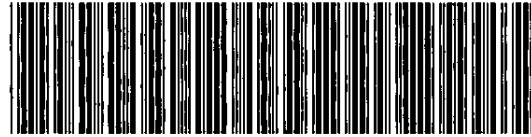
(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

T. Burch DEC 10 2013

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Project Residential Development  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Selma Silva  
Name of Person

\_\_\_\_\_  
Firm/Company

6735 Conroy Windermere Rd Ste 316  
Address

Orlando FL 32835  
City/State and Zip Code

selma@Fidelity.vh.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Selma Silva at (407) 219-9509  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Project Residential Development LLC

2. (a) Principal office address of limited liability company: 6735 Conroy Windermere Rd  
STE 316  
Orlando FL 32835  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

10/17/2013  
3. Date of filing/registration in Florida

4. Document number

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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Fidelity Vacation Homes LLC

Registered Office Address:

6735 Conroy Windermere Rd  
STE 316  
Orlando FL 32835

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Carol Larson

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

8615 Commodity Circle  
Ste 6  
Orlando, FL 32819

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\* [Signature]  
Signature of a member or authorized representative of a member

Ronaldo Montenegro  
Printed or typed name of 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 608, 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]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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Registration Section Division of Corporations

P.O. box 6327

Tallahassee, FL 32314

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