

P05000109992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

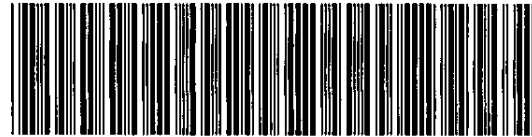
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900239087359

09/07/12--01011--006 **35.00

FILED
12 SEP -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2012
T. J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orlando Realty Trust, Inc.

Name of Corporation

DOCUMENT NUMBER: P05000109992

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Rogers

Name of Contact Person

Orlando Realty Trust, Inc.

Firm/Company

8297 Champions Gate Blvd., Suite # 344

Address

Champions Gate, FL 33896

City/State and Zip Code

jrogers@orlandorealtytrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Rogers

Name of Contact Person

at (

407 557-2703

) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orlando Realty Trust, Inc.
2. The principal office address: 8297 Champions Gate, Suite # 344
Champions Gate, FL 33896
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/08/2005 Document number: P05000109992
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Small Business Resources USA, Inc.

1601 Park Center Dr. Suite # 6A

Orlando, FL 32835

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

L. T. S. C., LLC

28 West Park Avenue

P.O. Box NOT acceptable

Orlando, FL 33853

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.



Signature of an officer or director

John C. Rogers, PST

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

Aug. 27, 2012

Date

If signing on behalf of an entity:

Mark Warda as president of Manager of Registered Agent

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
12 SEP -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA