

P10000263051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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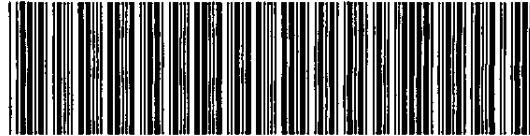
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/5/16

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORLANDO'S VIPS INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000063051

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:

ANDREW WILLS  
Name of Contact Person

ORLANDO'S VIPS INC.  
Firm/Company

BOX 616612  
Address

ORLANDO FL 32861  
City/State and Zip Code

INFO@ORLANDOSVIPS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WILLS at (407) 398-9262  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ORLANDO'S VIP'S INC.
2. The principal office address: 4404 110TH STREET COURT  
WEST BRADENTON FL 34210
3. The mailing address (if different): BOX 616612 ORLANDO FL. 32861
4. Date of incorporation/qualification: 8-2-10 Document number: P1000063051
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)

ANDREW N WILLS  
4714 JASMINE CREEK LANE  
ORLANDO FL 32801

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

ANDREW N WILLS  
4404 110TH STREET COURT WEST  
BRADENTON FL 34210

P.O. Box NOT acceptable

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.

Andrew Wills  
Signature of an officer or director

ANDREW N WILLS PRESIDENT  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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