P1200054741

(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



200261614792

07/09/14--01010--020 **35.00

SECRETARY OF STATE

APPROVED

J. LEMIEUX

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Orlando Corporate Resorts

Name of Corporation

DOCUMENT NUMBER:

P12000054741

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:

Ernest Cherry

Name of Contact Person

Orlando Corporate Resorts Inc.

Firm/Company

254 S Ronald Reagan Blvd #124

Address

Longwood, Florida 32750

City/State and Zip Code

bcherry111@gmail.com

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

For further information concerning this matter, please call:

Joshua Cherry

,407 \2021*7*

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of \underline{f} rochange its registered office or registered agent, or both, in the State of Fig.	Florida	this		
1. The name of t	he corporation: Orlando Corporate Resorts Inc.				
2. The principal	office address: 254 S Ronald Reagen Blvd #124				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/18/2012 Document number: P1200	0054	741		
5. The name and	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	th the			
	Resigned		₹		
			SECR	ال 4	
,			HAS	JUL -9	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered off Ernest Cherry	ĭce	RY OF STATE	9 PM 1: 42	
	3504 Falling Acorn Cir.		A		
	P.O Box NOT acceptable				
	Lake Mary, FL 32746				
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registe	red agei	nt,	
	is authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.				
~	Frinted or typed name and title				
ě-	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and commy duffer, and a manifer with and accept the other proper commy duffer, and I am familiar with and accept the other of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.		stered ss, I		
A Sim	rature of Registered Agent Date				
	half of an entity:				
T	yped or Printed Name				

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