P1300008089-1

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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FILED 2016 JUN 30 PH 2: 37 SECRETARY OF STATE STATE

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Viva Orlando Realty Inc. Name of Corporation |
| DOCUMENT NUMBER: P130000 80821 |
| 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: |
| Name of Contact Person Viva Orlando Really Inc. Firm/Company G10 sycamore street ste 140 Address Celebration FL 3 4747 City/State/and Zip Code Milna Quiva orlando. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (407) 922 4620 Area Code & Daytime Telephone Number |
| Name of Contact Ferson 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

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: Viva Orlando Realty Enc. |
| 2. The principal office address: 1031 Cupress Points Bluck. Davenport |
| FL, 33894 " |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: $9/30/20/3$ Document number: $P1300080821$ |
| 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) |
| Milena Valle |
| 1031 Cupress Points, Blud. |
| |
| Daumport, FL 33894 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Milena Valle |
| 610 Sycamore street, Suite 140 |
| Celebration FL 34747 |
| 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. |
| Milana Valla President |
| Signature of an officer or director 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: |
| Milena Valle Eyped or Printed Name |
| typed or Printed Name |

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