P14000033866

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 12 2014
T. CARTER

RA/RO change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEMPORADA EM ORLANDO CORPORATION
Name of Corporation

DOCUMENT NUMBER: P19000033866

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:

CAROLINE G LARSON
Name of Contact Person

LARSON ACCOUNTING
Firm/Company

8615 COMMODITY CIRCLE STE 06
Address

ORLANDO FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

CAROLINE G. LARSON at (407) 370 3086
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

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 AUG 11 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 23, 2014

CAROLINE G LARSON
LARSON ACCOUNTING
8615 COMMODITY CIRCLE SUITE 06
ORLANDO, FL 32819 US

SUBJECT: TEMPORADA EM ORLANDO CORPORATION
Ref. Number: P14000033866

We have received your document for TEMPORADA EM ORLANDO CORPORATION and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 614A00015771

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: TEMPORADA EN ORLANDO CORPORATION

2. The principal office address: 8615 COMMODITY CIR STE 6
ORLANDO, FL 32819

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 04-15-14 Document number: P14000033866

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)

AMERICA EXPERT LLC
407 NW 10TH TERRACE STE B-14
HALLANDALE BEACH, FL 33009

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

LARSON ACCOUNTING & CONSULTING SERVICES, LLC
8615 COMMODITY CIR STE 6
P.O. Box NOT acceptable
ORLANDO, FL 32819

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TALLAHASSEE, FLORIDA

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.

> Wendell Ferrari
Signature of an officer or director

WENDEL FERRARI GREGIO
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

07-01-14
Date

If signing on behalf of an entity:

CARAINE LARSON
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)