

P14 0000053200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

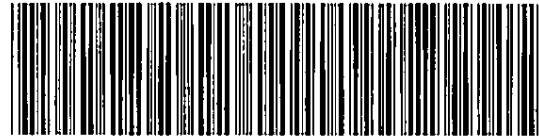
(Document Number)

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2019 JUN - 7 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 14 2019

C. Kins

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Resort Vacation International Inc  
Name of Corporation

DOCUMENT NUMBER: P14000053200

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:

Ryan Ogrady

Name of Contact Person

Resort Vacation International Inc

Firm/Company

125 Excelsior Parkway #211

Address

Winter Springs FL 32708

City/State and Zip Code

admin@resortvacationsnow.com

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

For further information concerning this matter, please call:

Ryan OGrady

Name of Contact Person

at ( 855 ) 443-6080

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: Resort Vacation International Inc.  
2. The principal office address: 125 Excelsior Parkway, Suite 211, Winter Springs FL 32708

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/18/2014 Document number: 9400053200

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)

125 Excelsior Parkway Trey Bartley  
Suite 209  
Winter Springs FL 32708

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

Trey Bartley  
125 Excelsior Parkway  
Suite 211  
Winter Springs FL 32708

P.O. Box NOT acceptable

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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.

X Trey Bartley  
Signature of an officer or director

Trey Bartley  
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.*

X Trey Bartley  
Signature of Registered Agent

June 4 2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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