

P18 0000 85812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

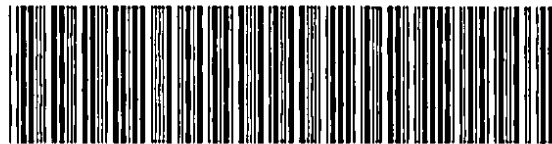
(Business Entity Name)

(Document Number)

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2019 MAY 20 10:10:11
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01:04:47

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUXURY VILLAS INC
Name of Corporation

DOCUMENT NUMBER: P18000085812

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:

LEIGH BATEMAN
Name of Contact Person

LUXURY VILLAS INC
Firm/Company

7555 ASCEOLA POLK LINE ROAD
Address

DAVENPORT FL 33396
City/State and Zip Code

leigh@magicalvacationhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE OLLIFF at 407 392 4574
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LUXURY VILLAS INC
2. The principal office address: 7555 OSCEOLA POLK LINE ROAD
DAVENPORT, FL 33396
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/12/18 Document number: P1800008581

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)

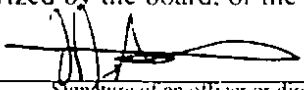
HARDING BELL INTL
113 PONTOTOC PLAZA
AUBURNDALE FL 33823

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

LEIGH BATEMAN
7555 OSCEOLA POLK LINE ROAD
P.O. Box NOT acceptable
DAVENPORT FL 33396

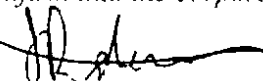
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director


LEIGH BATEMAN PRESID
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

5/16/19
Date

If signing on behalf of an entity:


Typed or Printed Name

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