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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: BUSINESS FILINGS Account Name

Account Number : 105256001620 Phone

: (608)827-5300

Fax Number

: (608)827-5501

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.*

REGISTERED AGENT CHANGE VARIOUS TRADING SOLUTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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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: VARIOUS TRADING SOLUTIONS Inc.
2. The principal office address: 1801 Sunshine Blvd Apt B, Naples, FL 34116
3. The mailing address (if different): 1801 Sunshine Blvd Apt B, Naples, FL 34116
4. Date of incorporation/qualification: 3/26/2015 Document number: p15000028295
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)
BUSINESS FILINGS INCORPORATED
515 E PARK AVE
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Business Filings Incorporated
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, FL 33324
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 office authorized by the board, or the corporation has been notified in writing of the change.
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.
9/22/2015
Signature of Registered Agent Date
If signing on behalf of an entity:
Mark Williams, AVP 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

2) Fax Audit #H15000228132 3 CR2E045 (03/12)