## L10000130753

(Requ	estor's Name)		
(Addre	ess)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Busin	ess Entity Na	me)	
(Docu	ment Number)		
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Section	2	
	Division of Corporations	<b>*</b> 50	
<b>SUBJ</b>		g International LLC	
	Name of L	imited Liability Company	
Dear S	Sir or Madam:	rg International LLC imited Liability Company	
The en	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Marie B Code, Esq Name of Person		
	Name of Ferson		
	Marie B. Code Esq. P.L.		
	Firm/Company		
1308 SW 27th Terrace			
	Address		
	Cano Caral El 33014		
	Cape Coral FL 33914 City/State and Zip Code		
	marie@marieesquire.com	all Cardia - V	
E)	-mail address: (to be used for future annual report if	offication)	
For fu	orther information concerning this matter	er, please call:	
	Marie B Code, Esq	at ( 239 ) 829-0063	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Registration Section		
	Division of Corporations Division of Corporations		
	Clifton Building P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
	rananassee, Piorida 32301		
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Varg International LLC 1. Name of the limited liability company: \_\_\_\_\_ 8961 Conference Dr. 80 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Myers, FL 33919 8961 Conference Dr. Ste 2 (b) Mailing address of limited liability company: Fort Myers, FL 33919 (Note: MAY BE POST OFFICE BOX) 12/23/2010 L10000130753 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Code, Marie B Esq 1202 SE 8th Place Ste B Registered Office Address: Cape Coral FL 33990 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: 1308 SW 27th Terrace **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 33914 Cape Coral If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. of a member or authorized representative of a member Marie B Code, Esq. Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent