

L17000012678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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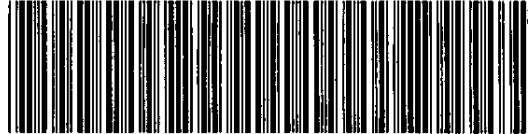
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2015

J SHIVERS



**CAPITOL  
SERVICES**

**Statement of Change of Registered Office  
or Registered Agent or Both for Limited  
Liability Company**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 10/12/2015  
**STATE:** FLORIDA  
**REP UNIT:** VARSITY ASSET MANAGEMENT,  
LLC

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Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26721 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



13-46103B

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VARSITY ASSET MANAGEMENT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Simmons

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Firm/Company

800 Brazos Ste 400

Address

Austin TX 78701

City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Simmons

Name of Person

at ( 800 ) 345-4647

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following 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 605.0114 or 605.0116, 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.*

1. Name of the Limited Liability Company:

**VARSITY ASSET MANAGEMENT, LLC**

2. (a) 8370 S. Hillsborough Ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite 102

Tampa, FL 33615

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1/23/2013

3. Date of filing/registration in Florida

L13000012078

4. Document number

5. (a) Capitol Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Court

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite A

Tampa, FL 33612

(b) Capitol Corporate Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr Ste A

NEW Registered Office Address:

Tallahassee, FL 32301

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.

[Signature]  
Signature of a member or authorized representative of a member

Anthony F. Apollaro Jr.  
Printed or typed name of signer

*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 605, 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

Delanie Case, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00