

4800014093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

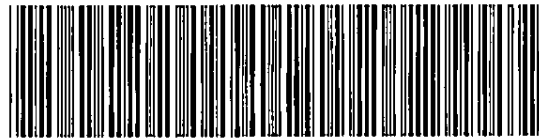
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/16/2019

Name: Merritt Walker

Reference #: 1119381

Entity Name: VARVIND INVEST, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VARVIND INVEST, 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:

BONNIE M. BRUCE

Name of Person

MIRACULUM INC.

Firm/Company

4515 METRIC DR., UNIT 3

Address

WINTER PARK, FL 32792

City/State and Zip Code

BONNIE@MIRACULUMFIRE.COM

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

For further information concerning this matter, please call:

RODNEY WALLER

Name of Person

at ( 844 )

818-2384

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

INHS18 (2/14)

**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: <u>VARVIND INVEST, LLC</u>	
2. (a) <u>731 Lake Catherine Drive</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>Maitland, FL 32751</u>	(b) <u>731 Lake Catherine Drive</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>Maitland, FL 32751</u>
3. <u>05/10/2018</u> Date of filing/registration in Florida	4. <u>L18000114093</u> Document number
5. (a) <u>Ross-Andino, Kevin K, Esq.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>307 Cranes Roost Boulevard, Suite 2010</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Altamonte Springs</u> FL <u>32701</u>	
(b) <u>COGENCY GLOBAL INC.</u> Enter name of <u>NEW</u> Registered Agent and or <u>NEW</u> Registered Office address: <u>115 North Calhoun Street, Suite 4</u> <u>NEW</u> Registered Office Address: <u>Tallahassee</u> FL <u>32301</u>	

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CLERK OF THE CIRCUIT COURT

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 of a member or authorized representative of a member

Bonnie Bruce  
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.*

Rodney Waller  
Signature of Registered Agent

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