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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE VARA INVESTMENTS LLC

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1. LEMIEUX

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MARI416 2023

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.	Na	ime of the limited liability company: VARA INV	/ESTMENT	SLLC			
2.	(a)		(b)			
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:		lailing address of limited (Note: MAY BE POST	liability	сотрапу:
		7901 4th St N STE 300		7901 4th	St N STE 300		·
		St. Petersburg, FL 33702		St. Petersburg, FL 33702			
		12/22/2021		L220000	01256		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CINDY'S FLORIDA LLC					
		Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State:			
		8051 N. TAMIAMI TRAIL					
		Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS	Į			
		SUITE E6					
		SARASOTA	Fi 34240	3	T.		
			.,	18	•	2023 Hin	
	(b)	Registered Agents Inc				-K	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office add	<u>iress</u> :			
		7004 Alb Co N				6 1	 C -
		7901 4th St N				70	C
		NEW Registered Office Address:			• •	÷.	
		STE 300			Ę		
		St. Datarehura	m 22702				
		St. Petersburg	, FI. <u>33702</u>				
the ag wa the	e cha ent v as/we e arti	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membo cles of organization or the operating agreement of	ss of the regised liability co ers of the lim the limited l	tered office mpany, it is ited liability iability com	and the business off hereby confirmed th company or as othe pany.	ice of t at the	the registered change(s)
1	2	ture of a member or authorized representative of a member	R	<u>obin Jo</u>	nes		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of	fsignee	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov ely reflect a change in the registered office addres. d in writing of this change.	l agree to act dete perform vided for in C s, I hereby co	in this capa ince of my d hapter 605, onfirm that to	city. I further agree luties, and I am fami. F.S. Or, if this doct he limited liability co	to con liar wi ument ompanj	nply with the th and accept is being filed y has been

क्षा David Roberts - Assistant Secretary

Signature of Registered Agent