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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VARGARA SOLUTIONS LLC Name of Corporation
DOCUMENT NUMBER: LZZ DOD 477185
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RicHAND SOSE VANGAS Name of Contact Person
Firm/Company
1455 SE 26" AVE.
1455 SE ZG TH AVE.  Address  STANKE, FL 32091  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHAMO SOE VAUGAS at (224) 673 - 9911  Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Street Address:** 

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provision statement of change is a proper in order to change is a province of the provision	submitted for a co	rporation organized	under the laws of th	e State of <u>F</u> Lo	
The name of the corp     The principal office a	_ "	-	_		
2. The principal office		1455 50 NE, FL 3			
3. The mailing address	(if different):	·	NA	<u></u> .	
4. Date of incorporation	n/qualification:	11/07/2022	_Document number	- 12200	0477185
5. The name and street Florida Department of	address of the cur	rent registered agent			
	2 en Bus	INESS			
	5511 PI	IN ICCREST	DRIVE	SUITE 103	
	AU 57	IN, TX	7873	<u></u>	
6. The name and street (if changed):	address of the nev	v registered agent (if	changed) and /or re	gistered office	
		26 P.O. Box NOT			<b>J</b> .
The street address of it as changed will be ide	ts registered offic	e and the street addr	ess of the business	office of its register	ed agent,
Such change was authorized by the boar	orized by resoluti d, or the corposed		its board of director d in writing of the c Richam		
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment as regi ply with the provi familiar with and merely to reflect notified in writing	stered agent and ag sions of all statutes I accept the obligati I a change in the reg g of this change.			
Mu	Registered Agent	<u> </u>		OCTOBER	<u> 29</u> 23
If signing on behalf of	·		,		
Typed or P	rinted Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*