

M18 000 000 097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

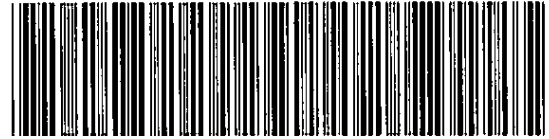
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 19 2019

2019 AUG 19 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VARAD LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB PATEL

Name of Person

KRISHNA MULTI SERVICES

Firm/Company

2323 TOPAZ ISLE LANE

Address

APOPKA, FL 32712

City/State and Zip Code

KMS11@LIVE.COM

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

For further information concerning this matter, please call:

BOB PATEL

Name of Person

at (**407**) **710-5818**

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

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: VARAD LLC

Enter new principal office address, if applicable: 30 N GOULD ST
SUITE R
SHERIDAN, WY 82801

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 30 N GOULD ST
SUITE R
SHERIDAN, WY 82801

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000000097

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: 01/03/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: KRISHNA MULTI SERVICES

New Registered Office Address: 2323 TOPAZ ISLE LANE

Enter Florida Street Address

APOPKA

City

Florida

32712

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

(PATEL BOB)
If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Typed or printed name of signee

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