P02000/34817

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



700188539977

12/13/10--01016--009 **35.00



PAChange

12-15-10

COVER LETTER

| TO: | O: Amendment Section Division of Corporations | | | | | | | |
|-----------------------------|--|--|--------------------------------------|--|--|--|--|--|
| SUBJE | CCT: | VARIANT HOL | DING CORF | | | | | |
| DOCU | MENT NUM | BER: | P0200013 | 4817 | | | | |
| The end | closed Stateme | nt of Change of Registe | red Office/Agent | and fee are submitted for filing. | | | | |
| Please | return all corre | spondence concerning t | nis matter to the f | ollowing: | | | | |
| | | | | | | | | |
| | | C | hristopher Nall ne of Contact Per | ey | | | | |
| Name of Contact Person | | | | | | | | |
| VARIANT HOLDING CORPORATION | | | | | | | | |
| | | | Firm/Company | | | | | |
| | | | | | | | | |
| | | 225 NE Mi | zner Boulevar | d Suite 730 | | | | |
| | Address | | | | | | | |
| | | | | | | | | |
| | Boca Raton, FL 33432 | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| | ft@variantgrp.com | | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | | |
| | | | | | | | | |
| For furt | ther informatio | n concerning this matter | , please call: | | | | | |
| | | istopher Nalley | at (| 561 862-5531 rea Code & Daytime Telephone Number | | | | |
| | Name | of Contact Person | Ā | rea Code & Daytime Telephone Number | | | | |
| Enclose | ed is a \$35.00 c | heck made payable to the | ne Department of | State. | | | | |
| | | Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | tions | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

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

| statement of cha | inge is submitted for a co | orporation organize | 507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stal | te of | | | |
|---|--|--|---|---|--|--|--|
| 1. The name of t | the corporation: VARI | ANT HOLDIN | G CORPORATION | V | | | |
| 2. The principal | office address: 225 NE | Mizner Boulev | ard Suite 730 | | | | |
| Boca Rato | on, FL 33432 | | - | | | | |
| 3. The mailing a | ddress (if different): | | · · · · · · · · · · · · · · · · · · · | | | | |
| 4. Date of incorp | poration/qualification: | 12/27/2002 | Document number: | P02000134817 | | | |
| | d street address of the cur tment of State: (If resign | | at and registered office on f | ile with the | | | |
| | FARSHID TAFAZZOLI | | | | | | |
| | 3998 FAU BOULEVARD SUITE 120 | | | | | | |
| | BOCA RATON FL | 33431 | | | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | | | |
| | | | | | | | |
| 225 NE MIZNER BOULEVARD SUITE 730 P.O. Box NOT acceptable | | | | | | | |
| | BOCA RATON, FL | | | | | | |
| The street addre | ess of its registered office be identical. | ce and the street add | dress of the business offic | e of its registered agent, | | | |
| Such change was authorized by the | is authorized by resolut ne board, or the corpora | ion duly adopted by | y its board of directors or ed in writing of the chang | by an officer so | | | |
| | re of in office or director | | Doud I la | TAN | | | |
| I hereby accept I further agree to of my duties, an document is beit corporation has | the appointment as reg to comply with the provi of I am familiar with an ong filed merely to reflect to been notified in writing hature of Registered Agent | istered agent and a isions of all statute, d accept the obligate a change in the reg of this change. | gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I Dete | y, d complete performance istered agent. Or, if this hereby confirm that the | | | |
| IT signing on be | half of an entity: | iretor | | | | | |

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