

P05000037867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

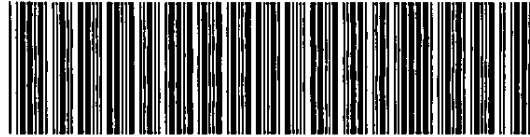
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279965021

12/22/15--01020--004 **35.00

FILED
15 DEC 21 PM 6:11

DEC 23 2015

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2015

SURESH PANDURANGAM
VARACORP
260 VILLAGE GREEN AVE.
SAINT JOHNS, FL 32259

SUBJECT: VARACORP.
Ref. Number: P05000037867

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 815A00025696

Thanks
- Check enclosed
Suresh

RECEIVED

15 DEC 21 AM 10:49

15 DEC 21 PM 6:11

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **VARACORP**

Name of Corporation

DOCUMENT NUMBER: **P05000037867**

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:

SURESH PANDURANGAM

Name of Contact Person

VARACORP

Firm/Company

260 VILLAGE GREEN AVE

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

SPANDURANGAM@YAHOO.COM

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

For further information concerning this matter, please call:

SURESH PANDURANGAM at **339** **2221132**

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

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VARACORP
2. The principal office address: 260 VILLAGE GREEN AVE, SAINT JOHNS, FL 32259
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 03/11/2005 Document number: P05000037867

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SURESH PANDURANGAM

260 VILLAGE GREEN AVE

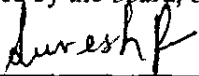
P.O. Box NOT acceptable

SAINT JOHNS, FL 32259

15 DEC 21 PM 6:11
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

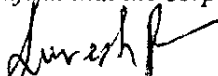


Signature of an officer or director

SURESH PANDURANGAM, Director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11/18/2015

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE