

PO6000132132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

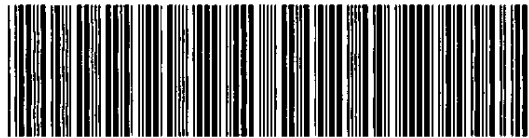
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TALLAHASSEE FLORIDA

60161109

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Varsha Inc  
Name of Corporation

**DOCUMENT NUMBER:** POB00132132

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:

Varsha Parbhoo  
Name of Contact Person

Varsha Inc dba AutoWorld  
Firm/Company

2010 W. Washington Street Suite A  
Address

Orlando FL 32805  
City/State and Zip Code

Varshaparbho@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Varsha Parbhoo at ( 908 ) 590 0190  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Varsha Inc
2. The principal office address: 2010 W. Washington Street  
Orlando FL 32805
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P0600132132

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)

300 Monticello Pl Apt 303  
Orlando FL 32835

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

2010 W. Washington Street Suite A  
Orlando FL 32805

P.O. Box NOT acceptable

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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.

Varsha Parthoo  
Signature of an officer or director

Varsha Parthoo President  
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.*

Varsha Parthoo  
Signature of Registered Agent

9 June 2009  
Date

If signing on behalf of an entity:

Varsha Parthoo  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)