

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000373166 3)))



H220003731663ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE VAREKA INVESTMENTS N.V.

***PLEASE HONOR 11/01 SUBMISSION DATE AS FILE DATE

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

***PLEASE HONOR 11/01 SUBMISSION DATE AS FILE DATE

Electronic Filing Menu Corporate Filing Menu

Help



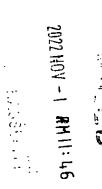
November 2, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

VAREKA INVESTMENTS N.V. % 2121 S.W. 3RD AVENUE 5TH FLOOR MIAMI, FL 33129

SUBJECT: VAREKA INVESTMENTS N.V.

REF: Q09831



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

FAX Aud. #: H22000373166 Letter Number: 822A00024599

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VAREKA INVESTMENTS, NV Name of Corporation	_	
DOCUMENT NUMBER: Q09831	_	
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:		2
GEORGINA MENENDEZ		2022 NOV - 1 PM 11: 46
Name of Contact Person	777	<u> </u>
Firm/Company	(/)	•
5220 NW 72ND AVE. UNIT 21	(717	至
Address	<u>.</u>	
MIAMI, FL 33166	(=	9
City/State and Zip Code		
vareka4545@gmail.com	_	
E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call:		
GEORGINA MENENDEZ at (305 \ \)597 9044		
GEORGINA MENENDEZ Name of Contact Person Name of Contact Person Area Code & Daytime Tele	phone Nun	nber
Enclosed is a \$35,00 check made payable to the Department of State.		

Street Address:

Amendment Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

H22000373166

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

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, organized under the laws of the State of	this
1. The name of t	he corporation: VAREKA INVEST	TMENTS, NV	
2. The principal	office address: 5220 NW 72ND AV	TE. UNIT 21, MIAMI, FL 33166	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 7/11/1985	Document number: Q09831	
	f street address of the current regist tment of State: (If resigned, enter t	tered agent and registered office on file with the resigned)	
	LEIBE, BETTE		
	2121 SW 3RD AVE. 5TH FLOOR		2022
	MIAMI, FL 33129		2022 NOV - 1
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	<u>-</u> :
	GEORGINA MENENDEZ		94:11:48
	5220 NW 72ND AVE. UNIT 21		4
	MIAMI, FL 33166	P.O. Box. NO l'acceptable	
		street address of the business office of its regist	
Such change wa authorized by th	as authorized by resolution duly a ne board or the corporation has be	dopted by its board of directors or by an officer cen notified in writing of the change.	so
1 4	$\sim \sim$	DIEGO RIBADENEIRA, DIRECTOR	
•	re of an officer or director	Printed or typed name and title	
of my duties, an document is bei	W Lam Romiliar Wilh ana accent t	ent and agree to act in this capacity, all statutes relative to the proper and complete p he obligation of my position as registered agent e in the registered office address. I hereby confi hange.	. (7), 1] 1/113
/		10/31/22	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
GEORGINA MI	ENENDEZ		
ī	yped 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 (04/13)