## F03000005318

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## **COVER LETTER**

TO: Amend Divisio	ment Section in of Corporations	
subject: <u>H</u>	CL America, Inc. (Name of Corp.)	poration)
DOCUMENT	NUMBER: F03000005378	
The enclosed S	tatement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to	the following:
	Kislay Banka, CPA	
	(Name of Conta	ct Person)
	The Chugh Firm	
	(Firm/Com	pany)
	4800 Great America Pkwy, #	310
	(Addres	s)
	Santa Clara, CA 95054	
	(City/State and	•
For further info	ormation concerning this matter, please call	:
Kislay Banka	(Name of Contact Person)	at (408 ) 450 - 5772 (Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Departme	ent 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

statement of change	risions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of CA change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: HCL America, Inc.
2. The principal offi- Sunnyvale, C	ce address: 330 Potrero Ave.
3. The mailing addre	ess (if different):
4. Date of incorpora	tion/qualification: 10/28/2003 Document number: F03000005378
5. The name and stre Florida Departme	eet address of the current registered agent and registered office on file with the nt of State:
R	EGISTERED AGENTS LEGAL SERVICES, INC.
4	333 NORTH DUVAL STREET
T	ALLAHASSEE FL 32303
6. The name and stree (if changed):	333 NORTH DUVAL STREET  ALLAHASSEE FL 32303  eet address of the new registered agent (if changed) and /or registered office  T Corporation System
<u>c</u>	T Corporation System
12	200 South Pine Island Road
Pi	(P.O. Box NOT acceptable) antation, Florida 33324
<del>-  </del>	·
The street address of as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was an authorized by the b	uthorized by resolution duly adopted by its board of directors or by an officer so gard, or the corporation has been notified in writing of the change.
<u></u>	Raghu Raman Lakshmanan, Secretary  (Printed of typed name and title)
` _ 1	appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete performance am familier with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the en notified writing of this change.
(Signatur	re of Registered Agent) (Date)
If signing on being	SEEMIA. CONDE AL ASST. SECRETARY
(Type)	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)