Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

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## REGISTERED AGENT CHANGE SIERRA INFOSYS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SHRI	Sierra Infosys, Inc.					
OUD	Name of Corporation					
ĐOÇ	F09000002069 UMENT NUMBER:					
The c	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Joy Schroeder					
	Name of Contact Person					
NRAI Corporate Services						
	Firm/Company					
	1021 Main Street, Suite 1150					
	Address					
Houston, TX 77002						
City/State and Zip Code						
	jschroeder@nrai.com					
	E-mail address: (to be used for future annual report notification)					
For fi	For further information concerning this matter, please call:					
Joy S	chroeder 800 862-5438					
	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					

CR2E045 (03/12)

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

	the provisions of sections 607.0502, 617.0502, 607.1508, of change is submitted for a corporation organized under the		
in or	order to change its registered office or registered agent, or	both, in the State of Florida.	
1. The name of	e of the corporation: Sierra Infosys, Inc.		
	cipal office address: 6001 Savoy Drive, Suito 210, Houston, TX	₹ 77036	
3. The mailing	ing address (if different):		
4. Date of inc	ncorporation/qualification: 05/20/2009 Docume	ent number: F09000002069	
5. The name a Florida Dep	e and street address of the current registered agent and regis Department of State: (If resigned, enter resigned)	ntered office on file with the	2013
	Incorp Services, Inc.	7 (1) 1 (1) 1 (2)	ಷ 0
	17888 67th Court North	— XiÀ	0CT - 7
	Loxabatchee, FL 33470	Si	- Fre
6. The name a	ne and street address of the new registered agent (if changed);	) and /or registered office FLOR	
	NRAI Services, Inc.		28
	1200 South Pine Island Road		
	P.O. Box NOT acceptable	<del></del>	
	Plantation, Florida 33324		
The street ad as changed w	address of its registered office and the street address of the will be identical.	business office of its registered	agent,
Such change authorized by	ge was authorized by resolution duly adopted by its board by the board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.	
<u>\</u>	<u> </u>	Kumar, Vice President	
I hereby acce I further agre performance agent. Or, if hereby confir	Thing to the appointment as registered agent and agree to act gree to comply with the provisions of all statutes relative to ce of my duties, and I am familiar with and accept the oblifils document is being filed merely to reflect a change if this document is being filed merely to reflect a change if the the corporation has been notified in writing of the latter than the corporation has been notified in writing of the latter than the corporation has been notified in writing of the latter than the corporation has been notified in writing of the latter than the corporation has been notified in writing of the latter than the latter t	ramed of typed name and title  in this capacity, o the proper and complete gation of my position as registere in the registered office address, I  standard to be base    14-13	:d
If signing on	on behalf of an entity:		
Joy Schroeder	der, Asst. Socretary		
	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 (03/12)