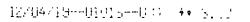
F1100000 2195

(Re	equestor's Name)	
(Ad	idress)	<u></u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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RA Change

JAN 1 0 2020 D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 2, 2019

Order#: 062068-157

Re: HCL TECHNOLOGIES LIMITED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporati	on organized under the laws of the State of Other Country or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: HCL TECHNO	LOGIES LIMITED CORPORATION
2. The principal	office address: Technology Hu	b, SEZ, Plot No. 3A, Sector 126, Noida, India 201304 IN
3. The mailing ac	ddress (if different):	
4. Date of incorp	orporation/qualification: 05/20/2011 Document number: F11000002195	
	street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee	O, Box NOT acceptable FL 32301
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its registered agent,
Such change was authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
_ Xie	2 Carrie	Jill Cilmi, Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions o my duties, and I am familiar w s document is being filed mere	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I iotified in writing of this change.
By:	Mkey	11/27/2019 Date
_	nature of Registered Agent	1/ARC
	half of an entity:	
	Asst. Vice President	_

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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