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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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2024 JAN 19 PM 6:00

2024 JAN 19 PM 10:55

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LEANSWIFT SOLUTIONS INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F14000003155  
\_\_\_\_\_  
(Document number of corporation (if known))

1. LEANSWIFT SOLUTIONS INC.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. DE 07/21/2014  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/13/2023  
\_\_\_\_\_

5. WIPRO NEXTGEN ENTERPRISE INC.  
\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
\_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration  
\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction  
\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

2024 JAN 19 10:55

9. If the amendment changes person, title or capacity in accordance with §07.1504 (4), indicate that change

| <u>Title Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-------------|----------------|-----------------------|
| _____                 | _____       | _____          | Add                   |
| _____                 | _____       | _____          | Remove                |
| _____                 | _____       | _____          | Add                   |
| _____                 | _____       | _____          | Remove                |
| _____                 | _____       | _____          | Add                   |
| _____                 | _____       | _____          | Remove                |
| _____                 | _____       | _____          | Add                   |
| _____                 | _____       | _____          | Remove                |
| _____                 | _____       | _____          | Add                   |
| _____                 | _____       | _____          | Remove                |

2024 JAN 19 11:10:55

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated

*Bajrang*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Bajrang Lal Jhunjhunwala

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'LEANSWIFT SOLUTIONS INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'WIPRO NEXTGEN ENTERPRISE INC.' ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023, AT 3:51 O'CLOCK P.M.



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

4949087 8320  
 SR# 20240162898

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 Date: 01-18-24

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