

F16000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

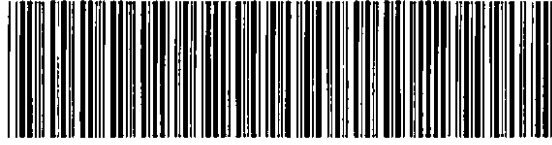
(Document Number)

Certified Copies _____

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S. CHATHAM
OCT 26 2023

OCT 25 11:10:54

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 25 AM 9:03

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/25/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1189465

ORDER ENTITY
PRATHAM USA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
PRATHAM USA, INC. (FL)

File the attached change of agent document

NOTES:
\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pratham USA, Inc.
Name of Corporation

DOCUMENT NUMBER: F16000000336

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:

Labyrinth, Inc.

Name of Contact Person

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

filing@harborcompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Micciche

Name of Contact Person

at (717) 431-9166

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Pratham USA, Inc.
- 2. The principal office address: 9703 Richmond Ave Ste 102
Houston Texas 77042
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01-22-2016 Document number: F1600000336
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REGISTERED AGENTS LEGAL SERVICES LLC
155 OFFICE PLAZA DR SUTIE A
Tallahassee, FL 32301

2023 OCT 25 AM 10:54

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc
7901 4th St N Ste 300
P.O. Box NOT acceptable
St. Petersburg, Florida 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Vikas Bahl
Signature of an officer or director

Vikas Bahl-Officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David Roberts
Signature of Registered Agent

10/12/2023
Date

If signing on behalf of an entity:
David Roberts
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