F160000000336

(Requestor's Name)
(Address)
(411)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Estivabless)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:
J. HORNE
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Office Use Only



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10/30/23--01026--012 **35.00

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Pratham, USA Name of Corporation	
DOCUMENT NUMBER: F16000000336	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s 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@harborcomplia	ance.com
E-mail address: (to be used for future annual	
For further information concerning this matter, p	please call:
Dana Micciche	at (717) 431-9166 Area Code & Daytime Telephone Number
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 The Centre of Tallahassec 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of $\frac{1}{2}$	this
in orde	er to change its registered office o	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Pratham, USA		
2. The principal	office address: 9703 Richmond A	ve Ste 102	
Houston Texas	5 77042		
3. The mailing a	address (if different):		-
4. Date of incon	poration/qualification: 01-22-20	Document number: F16000000336	
5. The name and Florida Depar	d street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	REGISTERED AGENT	S LEGAL SERVICES LLC	
	155 OFFICE PLAZA D	R SUTIE A	
	Tallahassee, FL 32301		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	23
	Registered Agents Inc		007.27
	7901 4th St N Ste 300	:.	27
		P.O. Box NOT acceptable	
	St. Petersburg, Florida	33702	5
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its registere	ed agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	•
/s/ Vikas Bahl	I	Vikas Bahl-Officer	
	e of an officer or director	Printed or typed name and title	
l hereby accept i I further agree to of my duties, and document is bein corporution has	the appointment as registered as ocomply with the provisions of a lam familiar with and accept to gilled merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete per the obligation of my position as registered agent. (ge in the registered office address, I hereby confirm thange.	formance Or, if this that the
Dand Reports		10/12/2023	
Sign	ature of Registered Agent	Date	
lf signing on beh	nalf of an entity:		
David Rober	ts		
Ту	ped or Printed Name	-	

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