

| (Requestor's Name | <u></u> |
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| (Nequestor 5 Name | -) |
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| (Address) | |
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| (City/State/Zip/Pho | ine #) |
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| PICK-UP WAIT | MAIL |
| | |
| (Business Entity N | ame) |
| , , | • |
| (Document Number | er) |
| (2004) | ·· · |
| Cartified Carios Cartified | too of Status |
| Certified Copies Certificat | es or Status |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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AUG 15 2017

R. WHITE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: August 4, 2017

Order#: 748916-082

Re: TECH MAHINDRA NETWORK SERVICES INTERNATIONAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Tecora Bell

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 ch | provisions of sections 607.0502, 6 ange is submitted for a corporation or to change its registered office on | n organized under the la | tws of the State of $\underline{{\sf L}}$ | DE | | |
|--|--|--|---|------------------------|--|--|
| 1. The name of | the corporation: TECH MAHINDR | A NETWORK SERVICI | ES INTERNATION | AL, INC. | | |
| 2. The principa | l office address: PERATIVE WAY SUITE 600 HER | | | | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | rporation/qualification: 08/06/1996 | 5 Document | number: F960000 | 04012 | | |
| | d street address of the current regis | | red office on file wi | th the | | |
| | C T CORPORATION SYSTEM | | | | | |
| | 1200 SOUTH PINE ISLAND RD | | | | | |
| | PLANTATION | FL | 33324 | | | |
| 6. The name an (if changed): | d street address of the new register Corporation Service Company | red agent (if changed) ar | nd /or registered off | ice* , _; | | |
| | 1201 Hays Street | | | 1 | | |
| P.O. Box NOT acceptable | | | | : | | |
| | Tallahassee | FL | 32301 | • | | |
| The street addr as changed wil | ress of its registered office and the l be identical. | street address of the bu | usiness office of its | registered agent. | | |
| | ras authorized by resolution duly a he board, or the corporation has b | dopted by its board of een notified in writing | | | | |
| | el (, White | Jill Cilmi, Vice | | | | |
| I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation | use of an officer of director I the appointment as registered as to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely to that the corporation has been no on Service Company | gent and agree to act in all statutes relative to the and accept the obliga- to reflect a change in t | he proper and comp tion of my position he registered office | plete as registered | | |
| By: I ho | uca_ C. T. v. O. U. gnature of Registered Agent | | Date | | | |
| If signing on b | ehalf of an entity: | | | | | |
| Grace E. Kirby | , Asst. Vice President | | | | | |
| " | Typed or Printed Name | • | | | | |

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