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(((H22000211702 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
ENALL AUGIESS.	

# LLC REGISTERED AGENT CHANGE **FUSION ESOLUTIONS, LLC**

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Help

pg 2 of 3 H22000211702 3

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: FUSION ESOLUTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

oshua Murphy	
Name of Person	•
egistered Agent Solutions, Inc.	
Firm/Company	
orporate Center One, 5301 Southwest Pkwy, Ste 40	0
Address	•
ustin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notifica	itio

For further information concerning this matter, please call:

Joshua Murphy	888	705-7274
al (		
Name of Person		Area Code & Davtime Telephone Number

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

# MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

Name of the limited liability	company: FUSION ES	SOLUTIONS	, LLC	
2. (a) C/O FUSION OUTSOUR	CING SOFTWARE PVT LTD	(b) CO FUSION OUTSOURCING SOFTWARE PVT LTD  Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)  F-37 IT PARK MTA EXTENSION  UDAIPUR,RAJASTHAN,INDIA 31300-2 IN		
Principal office addres	s of limited liability company:  SE STREET ADDRESS  TA EXTENSION			
UDAIPUR,RAJASTI	HAN,INDIA 31300-2 IN			
9/16/2011		L11000	106460	
3. Date of filing/re	gistration in Florida	4.	Document number	
BLUMBERGEXCEL	SIOR CORPORATE SER	VICES, INC.		
Registered Agent and Register 155 OFFICE PLA	ed Office shown on the records of th ZA DRIVE 1ST FLOC (MUST BE FLORIDA STREET A)	DR		
TALLAHASS		32301	<u>.</u> :	20;
(b) Registered Age	nt Solutions, Inc.			?2 JI
	ed Agent and/or NEW Registered C	office address:	<del>.</del>	AFTL AI FIL 2022 JUN 20
155 Office Plaz	a Dr.			JULI D
NEW Registered Office Addi	ess:			5:
Suite A				27
Tallahassee	, FL	32301		
f the limited liability company he change or changes are made, agent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	the Florida street address of the case of a Florida limited lial mative vote of the members of	he registered office bility company, it is the limited liability imited liability comp	and the business off hereby confirmed the company or as othe pany.	ice of the register (at the change(s) rwise provided in
Manoi Kamle		Manoj Kamle	Auti	norized Perso

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 Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent

Signature of a member or authorized representative of a member