Division of Corporations

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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

. Nar	ne of the limited liability company:	RMATION NE	TWORK TECHNOLOGIES PVT LTD. LLC
. (a)		(b)	
	Principal office address of limited liability company: (Nate: MUST BE STREET (DDRESS))		Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)
(05/02/2023		000216483
	Date of filing/registration in Florida	<u></u>	Document number
. (a)	FIRSTBASE AGENT LLC		
Ī	Registered Agent and Registered Office shown on the records of 111 NE 1 ST 8 FL STE 88592		a of State
	Registered Office Address - <u>(MUST BE FLORIDA STREET</u>	<u> ADDRESS)</u>	
	MIAMI	33132	
(b) F	REGISTERED AGENTS INC		2024 AUS
, –	inter name of NEW Registered Agent and/or NEW Registere		
	7901 4TH ST N		26
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	1. <mark>33</mark> 702	<u></u>
hange o gent wi vas/wer he artic	nited liability company is not organized under the la or changes are made, the Florida street address of th ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members les of organization or the operating agreement of the	iws of the Stat e registered of iability compa of the limited	e of Florida, it is hereby confirmed that after the fice and the business office of the registered my, it is hereby confirmed that the change(s). Itability company or as otherwise provided in
18.43	re of a member or authorized representative of a member	Robin Jo	
			Printed or typed name of signee
rovisió he oblis o merel otified	caccept the appointment as registered agent and ag ns of all statutes relative to the proper and complete gations of my position as registered agent as provide wreflect a change in the registered office address, I in writing of this change.	gree to act in the performance od for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
1 1111	විර්දැල්ශර්රි David Roberts		