

B24000000 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

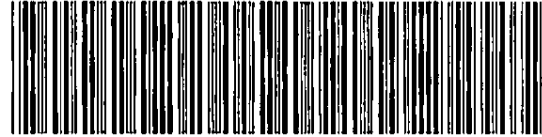
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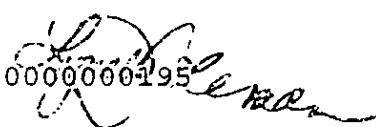
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RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195 

REFERENCE : 486327 7968091

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE : June 4, 2024

ORDER TIME : 2:16 PM

ORDER NO. : 486327-005

CUSTOMER NO: 7968091

CHANGE OF AGENT

NAME: ATYANT CAPITAL INDIA FUND-I LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ATYANT CAPITAL INDIA FUND-I LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/24/2024

Date of filing/registration in Florida

3. B24000000199

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DIVISION OF CORPORATIONS

Name

2415 N MONROE STREET, SUITE 810

Address

TALLAHASSEE, FL 32303

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Kathleen Seiter 7/23/2024

Signature of General Partner

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 obligations of my position as registered agent.

Shauna Godbolt

Filing Fee: \$35.00

Certified Copy (optional): \$52.50 486327-5

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TALLAHASSEE, FL
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