F03000000172

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		1

Office Use Only



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08/17/17--01026--009 **35.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 15, 2017

Order#: 771416-015

Re: MSOURCE (INDIA) PRIVATE LIMITED, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.
XX __ Check in the amount of \$35 __.

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: Ami Casper 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.

OUCA.XCOA

2017 AUG 17 AM 9- 2

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

	•*	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
		ation organized under the laws of the State of Country of ce or registered agent, or both, in the State of Florida.	
	-		
1. The name of t	he corporation: MSOURCE	(INDIA) PRIVATE LIMITED, INC.	
2. The principal	office address: Bagmane We	orld Technology Center, Marathalli Ring Road,	
	ındi Village, Mahadevapura,		
3. The mailing a	ddress (if different): 2301 M	aitland Center Parkway, Suite 165, Maitland, FL 32751	
4. Date of incorp	poration/qualification: 01/10	/2003 Document number: F03000000172	
5. The name and		registered agent and registered office on file with the	
	Deborah Hoffman		
	2301 Maitland Center Parkw	vay, Suite 165	
	Maitland, FL 32751		
6. The name and (if changed):	street address of the new reg	ny ny	: - -
	Corporation Service Compa	ny G	5 -
	1201 Hays Street		
			K
	Tallahassee	FL 32301	ج د
The street addre as changed will	ss of its registered office and be identical.	I the street address of the business office of its registered agen-	20,
Such change wa authorized by th	sauthorized by resolution due board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.	
	\mathcal{M}	Jonathan Sparks, Authorized Officer	
Signatur	glot by officer of director	Printed or typed name and fifte	
I Jurmer agree I performance of agent. Or, if thi hereby confirm	o comply with the provisions mv duties, and I am familiar	d agent and agree 10 act in this capacity. cof all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, l n notified in writing of this change.	
By: Cly	Mkey	08/15/2017	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity;		
	Asst, Vice President		
Ту	ped or Printed Name		

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