Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

CFC INDIA SERVICES PRIVATE LIMITED INC.

Certificate of Status	0
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Corporate Filing Menu

Help

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

statement of char	ige is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, thi nized under the laws of the State of Costa Rive	
in order	to change its registered office or regist	ered agent, or both, in the State of Florida.	
l. The name of th	e corporation: CFC India Services Priva	te Limited Inc.	
2. The principal o	office address: 9th Floor, A Wing, Bldg.	12, Link Rd., Mindspace, Malad (W), Mumbai, In	dia 400065
3. The mailing ad	kiresa (if different): 8521 Fallbrook Aver	aue, WH-11, West Hills, CA 91304	
4. Date of incorp	oration/qualification: 8/6/2007	Document number: F07000004023	
5. The name and Florida Depart		agent and registered office on file with the	
	Corporation Service Company		
	1201 Hays Street	·	werk.
	Tellahassee, FL 32301		
6. The name and (if changed):	street address of the new registered age	ant (if changed) and /or registered office	35 35 35 35 35 35 35 35 35 35 35 35 35 3
	C T Corporal	tion System	MG
	c/o C T Corporation System, I	1200 South Pine Island Road	FLORUDA
	(P.O. Box NOT acceptable	y)	7
	Plantation, Flo	orida 33324	33
The street address changed will	se of its registered office and the stree be identical.	t address of the business office of its register	ed agent,
Such change wa authorized by th	s authorized by resolution duly adopte to board, or the corporation has been n	ed by its board of directors or by an officer so onlined in writing of the change.	>
(Signal)	te or an orthogray of director)	Clint K. Chung, Secretary (Printed or typed name and tille)	
I hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob- me filed merely to reflect a change in to been notified in writing of this chang	ind agree to act in this capacity, tutes relative to the proper and complete per digation of my position as registered agent, the registered office address, I hereby confirm e.	formance Or, if this n that the
By:	C T Corporation System	7/22/2008	
	name of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	Samantha Jones		
	yped of First Int Socretary		
•	••	FEE: \$35.00 * * *	
M. CR25045 (8/05)	Make checks payable to Fi ail to: Division of Corporations,	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSER, FL 32314	

PLANO - 09/14/2005 C T Myslem Online