Division of Corporations



Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 : (850)878-5368 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE NTT DATA ENTERPRISE SERVICES, INC.

Certificate of Status	0
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Corporate Filing Menu

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DEC 1 0 2014

T. CARTER

12/9/2014

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of TX registered agent, or both, in the State of Florida.	<i>าเร</i> 	
1. The name of	he corporation: NTT DATA ENTE	RPRISE SERVICES, INC.		
2. The principal	office address: 1231 GREENWAY	DRIVE STE 900 IRVING, TX 75038		
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification; 3/20/2008	Document number: F08000001264		
	istreet address of the current regis tment of State: (if resigned, enter t	stered agent and registered office on file with the resigned)		
	CORPORATION SERVICE COM	PANY		
	1201 HAYS STREET, TALLAHAS	SSEE, FL 32301		
			14	ALL
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		ed agent (if changed) and /or registered office	DEC-9	NHASSI
	NRAI Services, Inc.		A	્રાં (ત) (ત)
	c/o NRAI Services, Inc., 1200 South Pine Island Road		AH 11: 02	FLORID
P.O. Box NOT acceptable Plantation, Florida 33324		Box NOT acceptable	02	AG)
	-			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registere	ed agent,	
Such change was authorized by the	as authorized by resolution duly a nerboard, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.		
Shor	La Aldos	Sharlin Aldao-Carillo, Vice President		
•	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	tent and agree to act in this capacity, all statutes relative to the proper and complete and accept the obligation of my position as regist to reflect a change in the registered office address tified in writing of this change.	ered ; I	
By: ST Cor	poration System	12/9/2014		
Sig	nature of Registered Agent Alfred Youn	Date		
If signing on bo	half of an entity: Assistant Secr			
	TERPRISE SERVICES, INC.			
Ţ	yped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)