F08000001264

(Ř	equestor's Name)
(A	ddress)
(A	(ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(Ď	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer: RA Change

Office Use Only



000418402810

S. CHATHANI NOV -7 2023



CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 100961 8429817					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE: October 31, 2023					
ORDER TIME : 1:59 PM					
ORDER NO. : 100961-090					
CUSTOMER NO: 8429817					
CHANGE OF AGENT					
NAME: NTT DATA ENTERPRISE SERVICES,					
INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Stat tion organized under the laws of the State of \overline{Te} e or registered agent, or both, in the State of Flor	xas
1. The name of	the corporation: NTT DATA EN	NTERPRISE SERVICES, INC.	
2. The principal	office address: 7950 Legacy I	Drive Plano, TX 75024	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/20/2	2008 Document number: F08000001	264
	I street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file with t ter resigned)	he
	NRAI SERVICES, INC		
C/O NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324	TARE A
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	BECRETARY OF STA
	Corporation Service Compar	ny	SI SI
	1201 Hays Street		ATE
	~ " " "	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an offi is been notified in writing of the change.	icer so
لف) 🔾	r E. alpri	Jill Cilmi V	/ice President
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and comple pt the obligation of my position as registered as ange in the registered office address, I hereby c is change.	te performance zent. Or, if this onfirm that the
By: 12000		11/02/2023	
Sig	nature of Registered Agent	Date	
0 0	half of an entity:		
	Asst. Vice President	<u> </u>	
••	.1		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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