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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 NAVITAS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Navitas, Inc.
Name of Corporation POCUMENT NUMBER: F0900000936
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300
Address
Austin, Texas 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone Num
Name of Contact Person Area Code & Daytime Telephone Num

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0. nge is submitted for a corpo r to change its registered off	ration organ	ized una	ler the lav	vs of the State of	New Jersey
2. The principal	the corporation: Navitas office address: 502 CA ETON, NJ 08540	, Inc. ARNEGI	E CE	NTE	R SUITE 1	02
	ddress (if different):					
4. Date of incorp	poration/qualification: 3/9	/2009	D	ocument i	number: F090	00000936
	I street address of the curren tment of State: (If resigned,			l registere	ed office on file w	vith the
	HUBCO REGIST	ERED A	GENT	SER	VICES, INC	29
	155 OFFICE PLAZA	OR.	_	1ST I	FLOOR	2020 HAY
	TALLAHASSEE			FL	32301	- N. T.
6. The name and (if changed):	I street address of the new re				-	ffice A
	155 Office Pla	za Dr.	S	uite A	1	
	Tallahassee		NOT acc	3230)1	
The street address changed will	ess of its registered office as be identical.	nd the street	address	of the bu	siness office of	its registered agent,
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted has been no	l by its l tilled in	board of o	directors or by a of the change.	n officer so
/s/ Ram Yell Signatu	ESWASAFU ne of an officer or director		Ram	Yele	SWarapu ted or typed name and	President
I further agree of my duties, an document is bei	the appointment as registe, to comply with the provisio ad I am familiar with and ac ng filed merely to reflect a s been notified in writing of	ns of all stat ecept the obl change in th	utes rela igation (e regista	to act in utive to th of my pos ered offic	this capacity. he proper and co ition as register- he address, I here	mplete performance ed agent. Or, if this eby confirm that the
Hod	nutific of Registered Agent		_05	/13/20	Date	
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
	yped or Printed Name					
	* * *	FILING FE	EE: \$35.	* * * 00.		