

F10000002061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

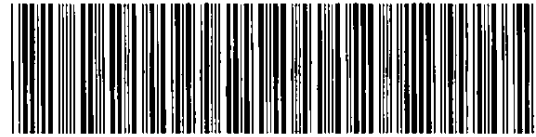
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2017

SANJIV GOYAL
DROISYS INC.
4800 PATRICK HENRY DR.
SANTA CLARA, CA 95054

SUBJECT: DROISYS INC.
Ref. Number: F10000002061

We have received your document for DROISYS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the current registered agent information as we have no record of a resignation being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 317A00007494

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JUN 19 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DROISYS INC.

Name of Corporation

DOCUMENT NUMBER: F10000002061

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:

Sanjiv Goyal

Name of Contact Person

Droisys Inc.

Firm/Company

4800 Patrick Henry Dr.

Address

Santa Clara, CA 95054

City/State and Zip Code

hr@droisys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amit Goel

Name of Contact Person

at (415) 706 8643

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Droisys Inc.
2. The principal office address 4800 Patrick Henry Dr., Santa Clara, CA 95054
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2017 Document number: F10000002061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.


3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




Signature of an officer or director

Amit Goel, Director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

04/01/2017

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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