

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

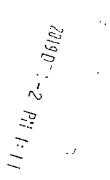
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R. WHITE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 27, 2019

Order#: 062068-104

Re: HCL AMERICA SOLUTIONS INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida Statutes, this organized under the laws of the State of California registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: HCL AMERICA SC	DLUTIONS INC.	
2. The principal	office address: 330 Potrero Avenu	e, Sunnyvale, CA 94085	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/11/2012	Document number: F12000004172	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	C T Corporation System		
	1200 South Pine Island Road	2	
	Plantation, FL 33324	2019 C.T.	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office $\stackrel{1}{\sim}$	•
	Corporation Service Company		ني
	1201 Hays Street		
	P.O. Bo Tallahassee	x NOT acceptable  FL 32301	
		<del></del>	
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the business office of its registered agent,	<del>,</del>
Such change wa authorized by th	s authorized by resolution duly ad- e board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
Xie	r & Gome	Jill Cilmi, Vice President	
Signatur	re of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if thi hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
By: ( )	Miley	11/27/2019	
Sīgi	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ami M. Casper,	Asst. Vice President		
	ped or Printed Name		

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