F1300000 3946

(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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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: August 29, 2020

Order#: 400061-005

Re: FATPIPE TECHNOLOGIES , 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.

QUCA.XCOA

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 Statutes, this attion organized under the laws of the State of Utah ee or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: FATPIPE TEC	CHNOLOGIES, INC	
2. The principal	office address: 392 East Wind	chester Street, Fifth Floor, Salt Lake City, UT 84107	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/12/2	2013 Document number: F13000003946	
	I street address of the current r tment of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)	
	Registered Agent Solutions	, Inc.	
	155 Office Plaza Drive, Suite A		
	Tallahassee	FL 32301	
6. The name and (if changed):	street address of the new region Corporation Service Compa	istered agent (if changed) and /or registered office	
	······································		
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office and be identical.	I the street address of the business office of its registered agent	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	ally adopted by its board of directors or by an officer so as been notified in writing of the change.	
Xiel	2 aonie	Jill Cilmi, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions ad I am familiar with and acco	Printed or typed name and title d agent and agree to act in this capacity. t of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this name in the registered office address, I hereby confirm that the his change.	
Ву: Ср.	in Leil	08/29/2020	
Sig	Mature of Registered Agent	Date	
	half of an entity:		
	7, Asst. Vice President yped or Printed Name		

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