Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000026252 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

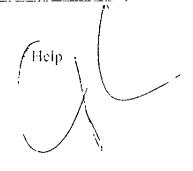
To:		
	Division of Cor	porations
	Fax Number	: (850)617-6380
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA020000023
	Phone	: (614)280-3338
	Fax Number	: (614)573-3996
		• • •

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEANSWIFT SOLUTIONS INC.

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	S43.75

Electronic Filing Menu

Corporate Filing Menu



F14000003155

From: Kaity Toon

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

SECTION I (I-3 MUST BE COMPLETED)

	Occument number of corporation (if known)				
LEANSWIFT SOLUTIONS INC.					
(Name of corporat	tion as it appears on the records of the Departm				
DE	(Incorporated under laws of) (Date authorized to do business in Florida)				
(Incorporated under laws of	i) (Date authoriz	ed to do business in Florida)			
(4-7 COMI	SECTION II PLETE ONLY THE APPLICABLE CHANG	GES)			
If the amendment changes the name of the corporation 11/13/2023	oration, when was the change effected under th	e laws of its jurisdiction of			
WIPRO NEXTGEN ENTERPRISE INC.		. 124			
(Name of corporation after the amendment, add not contained in new name of the corporation)	ing suffix "corporation," "company," or "incor	porated," or appropriate abbreviat			
net contained in her hance of the corporation)					
If new name is unavailable in Florida, enter alte	emate corporate name adopted for the purpose	of transacting business in Florida)			
If the amendment changes the period of dur	ration, indicate new period of duration	. 10: 55			
	(New duration)				
If the amendment changes the jurisdiction of	of incorporation, indicate new jurisdiction				
	(New jurisdiction)				
If amending the registered agent and/or registered registered agent and/or the new register		me of the			
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changi	ng Registered Agent:				
I hereby accept the appointment as registered a	gent. I am familiar with and accept the obliga	ntions of the position.			
(A) (A) (B) (F)					
Signature of New Registered :	ACCIII, II Changing				

itle Capacity	<u>Name</u>	Address	Type of Action
			Add
			Cemove
			Add
		 	L.3cmave 2024 JAH 1
			:Add 19
			L.Remove -
			Add CT
			L.Remove
			Add
			l Remove

2024-01-19 06 52:08 PST

19548277645

From: Kaity Toon

Page, 4 of 5

To:

FILING FEE \$35.00

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Title of person signing)

Bajrang Lal Jhunjhunwala

(Typed or printed name of person signing)

To:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID LEANSWIFT SOLUTIONS INC., FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO WIPRO NEXTGEN ENTERPRISE INC. ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023, AT 3:51 O'CLOCK P.M.



Authentication: 202618022

Date: 01-18-24