Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

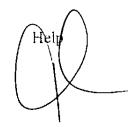
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE VFS SERVICES (USA) INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delawate registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: VFS SERVICES (1	JSA) INC.	
		VE. NW 2ND FLOOR WASHINGTON, DC 20005	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification; 58/24/2016	Document number. F16000003788	
	t street address of the current regist then the factor of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
	C T CORPORATION SYSTEM	20:	
	1200 SOUTH PINE ISLAND ROA	D ZZG X T	
	PLANTATION, FL 33324	A	
6. The name and (if changed):		ed agent (if changed) and for registered office of Fig. 7	
	LEGALINC CORPORATE SERVI	CESTAC.	
	476 Riverside Ave.		
	Jacksonville, FL, 3222	P.O. Box, NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an officer so cen notified in writing of the change.	
	<u>.</u>	Kiran Kumar Elaprolu	
	re of an officer or director	Printed or, typed name and title	
l further agrée i of my duties, an document is bei	to comply with the provisions of a d Law tamiliar with and accept th	ent and agree to act in this capacity. It statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this is in the registered office address. I hereby confirm that the hange.	
6	Un For	04/26/2023	
Sig	nature of Registered Agent	Date	
lf signing on be	half of an entity:		
Erik Treutlein			
.i.	yped or Frinted Name		

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (04/13)