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To:			
	Division of C	orporations	
	Fax Number	: (850)617-6380	
			2022
From:			77
	Account Name	: REGISTERED AGENT SOLUTIONS INC	0.5
	Account Numbe	r : 120100000062	(-)
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	4
**Enter	the email addre	ss for this business entity to be used for future	
		ings. Enter only one email address please.**	ġ

REGISTERED AGENT CHANGE SHREE RAM INVESTMENT, INC.

Certificate of Status	0
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TO:

Amendment Section Division of Corporations

SUBJECT: SHREE RAM INVESTMENT, INC. Name of Corporation
Name of Corporation
DOCUMENT NUMBER: F2100002210
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:

Vanessa Castillo

Various Sasans		
Name of Contact Person		
Registered Agent Solutions, Inc.	2	
irm/Company	2022	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	30	- 1
Address	<u>-</u>	- =1
Austin, Texas 78735	Ť	
City/State and Zip Code	三	, :]
The first and partitions of the state of the	 œ̈	لي
E-mail address: (to be used for future annual report notification)	ယ 	

For further information concerning this matter, please call:

Vanessa Castillo	at (888) 705-7274
Name of Contact Person	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

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.050 ange is submitted for a corpore			_	
	er to change its registered offic	2		•	
1. The name of	the corporation: SHREE	RAM INVEST	MENT, INC	<u>). </u>	
2. The principal	office address: 500 Clov	ver Road MT L	aurel, NJ ()8054	
	address (if different):				
4. Date of incor	poration/qualification: 4/21	/2021 _{Docui}	nent number: <u>F2</u>	<u> 1000002</u>	2210
	d street address of the current of State: (If resigned, ex		istered office on f	ile with the	
	Blumbergexcels	sior Corporate	Services	Inc	
	155 Office Plaza Drive	1	st FL		
	Tallahassee	F	L 32301		2022 DEC 14
6. The name and (if changed):	d street address of the new reg	istered agent (if change	d) and /or register	ed office	11 3
	Registered Age	nt Solutions,	Inc.		A J
	155 Office Plaz	a Dr. Suit	e A	<u> </u>	ထ္ ⁽
	Tallahassee	P.O. Box NOT acceptab	2301		7
The street address changed will	ess of its registered office and l be identical.	I the street address of t	he business office	of its register	red agent.
Such change wauthorized by t	as authorized by resolution d he board, or the corporation b	uly adopted by its boar has been notified in wr	d of directors or l ting of the chang	oy an officer so e.	D
1s/ Vijay Signah	ukharamwala	Vijay S	ukharamw	ala Presid	<u>dent</u>
l furthér agrée ôf my duties, ar document is be.	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a co s been notified in writing of t	s of all statutes relative rept the obligation of n hange in the registered	r to the proper an IV position as regi	d complete per istered avent.	Or, a ims
Modean	widt	12/13	/2022		
Sig	gnature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	, Assistant Secretary	<u></u>			
	Typed or Printed Name	W 102 ppp - 655 00			
	*** [-	FILING FEE: \$35.00	A 5 #		