Electronic Filing Cover Sheet

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.

(((H220004110313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

REGISTERED AGENT CHANGE WADHWANI OPERATING FOUNDATION INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help 1/1 Τo.

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

		tered agent, or both, in the State of Flort	da.
1. The name of	f the corporation: WADHWANI OPERAT	ING FOUNDATION INC.	
2. The principa	al office address: C/O RWX ELC FOUR M.	AIN ST, STE. 210, LOS ALTOS, CA 9402	!3
3. The mailing	address (if different): C/O RWX LLC P.O	J. BOX 1987 LOS ALTOS, CA 94023	
4. Date of inco	rporation/qualification: 10/12/2022	Document number; F2200000633	·)
	nd street address of the current registered a artment of State: (If resigned, enter resign		
	REGISTERED AGENT SOLUTIONS, II	NC.	2022
	155 OFFICE PLAZA DR. Suite A		2022 DEC
	TALLAHASSEE, FL 32301		6
6. The name at (if changed):	nd street address of the new registered age		AH 9:
	C T Corporation System		-
	1200 South Pine Island Road		
		ix ISOF acceptable	
	Plantation, Florida 33324	and the state of t	
The street addi	ress of its registered office and the street If be identical.	taddress of the business office of its reg	gistered agent
Such change wanthorszed by the	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officetified in writing of the change.	cer so
11111	entliker	Lauren Renken, Assistant Treasurer	
_	ture of an officer or director	Printed or typed name and life	
i nereby accept further agree of my duties, a document is be corporation he	If the appointment as registered agent ar to comply with the provisions of all star nd I am familiar with and accept the ob- sing filed merely to reflect a change in the son this change	nd agree to act in this capacity, nutes relative to the proper and complet ligation of my position as registered ag he registered office address, I hereby co !.	e performanc ent. Or, if th infirm that th
C T Corporatio	In System Suda Figure	1.1(0/2) (222)	
Si	gastire of Registered Agent	12/06/2022 Date	
If signing on b	chall of an entity:		
f d	k, Assistant Secretary		
Nanara Zivijac	·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: