

M05000001096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

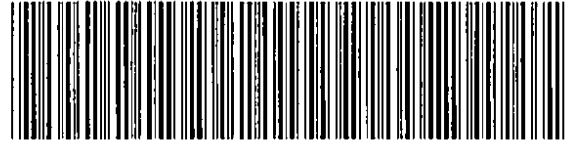
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/27/23--01030--004 **30.00

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SECOND DEPT. OF STATE
TALLAHASSEE, FLORIDA



Cornerstone Support

LICENSING • INSURANCE • COMPLIANCE

FL Divisions of Corporations
Registrations Sections
2415 N Monroe St Ste 810
Tallahassee FL 32303

6/23/2023

FL Divisions of Corporations.

Please find enclosed the Application and Filing fee for the address change for Genpact Services LLC . They have hired Cornerstone Support, Inc. to assist them in the filing of this application.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me at (678) 740-0513 or smcnabb@cornerstonelicensing.com.

Please send any written correspondence to:
Cornerstone Support Inc
C/O Sara McNabb
9755 Dogwood Rd Ste 150
Roswell GA 30075

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof. They have hired Cornerstone Support, Inc. to assist them in the filing of this application.

Sincerely,

Sara McNabb
Licensing Specialist
Cornerstone Support, Inc.

This information is not intended to be, nor is it legal advice. It is intended for information purposes only. We make no warranty, express or implied, as to the accuracy or reliability of this information. We are not attorneys. You must retain your own attorney to receive legal advice. While Cornerstone Support strives to provide the most current and accurate state licensing information, the responsibility for any decision related to state licensing or agency compliance is solely yours.

www.CornerstoneSupport.com
888-445-8660

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genpact Services LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara McNabb
Name of Person

Comerstone Licensing Services
Firm/Company

9755 Dogwood Rd Ste 150
Address

Roswell GA 30075
City/State and Zip Code

deidri.welch@genpact.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara McNabb at (678) 740-0513
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Genpact Services LLC

Enter new principal office address, if applicable: 3300 E. Renner Rd. Ste. 300

Richardson, TX 75082

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

3300 E. Renner Rd. Ste. 300

Richardson, TX 75082

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M05000001096

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/2/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Prasad Veerapaneni

Signature of the authorized representative

Prasad Veerapaneni

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

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