M13302

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Codified Coding						
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Special Instructions to Filing Officer:						

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SECRETARY OF STATE TALLAHASSEE, FLORID

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: October 23, 2014

Order#: 337700/001

Re: WIPRO GALLAGHER SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607. ange is submitted for a corp or to change its registered o	oration organi	ized under the lo	aws of the State of F	<u>L</u>	
1. The name of	the corporation: WIPRO GA	ALLAGHER SO	DLUTIONS, INC). 		
• •	office address:CUTLER ROAD, SUITE 68	51, PALMETT	O BAY, FL 3315	57		
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 03/28/1985 Document number: M13302						
	d street address of the current rtment of State: (If resigned			ed office on file wit	th the	
	C T CORPORATION SYS	STEM			, 	
	1200 SOUTH PINE ISLAN	ND ROAD			14 OCT 21 SECRETAR FALLAHASS	.
	PLANTATION		FL	33324	TZI ETAI HAS) 1
6. The name and (if changed):	d street address of the new r	egistered agen	t (if changed) ar	nd /or registered offi		0 m in ma
	Corporation Service Com	pany			RIE	5
	1201 Hays Street					
P.O. Box NOT acceptable						
	Tallahassee		FL	32301		
The street address changed will	ess of its registered office a be identical.	and the street a	ddress of the bu	usiness office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted has been noti	by its board of of the first of	directors or by an or of the change.	fficer so	
	1		Dona Priebe, V	/ice President		
	re of an officer or director			ed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registe to comply with the provision my duties, and I am familious document is being filed not that the corporation has been Service Company	ons of all statu ar with and ac nerely to refle	tes relative to th cept the obligat ct a change in t	ne proper and comp tion of my position to the registered office	as registered	
By: X	are 2-Kul	610	10/16/2014			
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Grace E. Kirby,	Assistant Vice President					
T	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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