## ND9000011437

| (Re                       | questor's Name)   |           |
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| PICK-UP                   | ☐ WAIT            | MAIL      |
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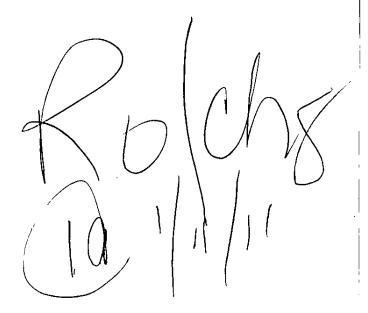
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: NAVAJEEVAN EYE CARE TRUST USA
Name of Corporation

DOCUMENT NUMBER: N09000011437

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:

| KUMAR CHITTIPEDDI             |
|-------------------------------|
| Name of Contact Person        |
|                               |
|                               |
| NAVAJEEVAN EYE CARE TRUST USA |
| Firm/Company                  |
|                               |
|                               |
| 204 37TH AVENUE N., #351      |
| Address                       |
|                               |
|                               |
| ST. PETERSBURG, FL 33704      |
| City/State and Zin Code       |

KCHITTIPEDDI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KUMAR CHITTIPEDDI at (727 ) 346 5079

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.  |
|---|
| 1. The name of the corporation: NAVAJEEVAN EYE CARE TRUST USA, INC.   |
| 2. The principal office address: 4119 BAYSHORE BOULEVARD  |
| ST. PETERSBURG, FL 33703  |
| 3. The mailing address (if different): 204 37TH AVENUE N., #351   |
| ST. PETERSBURG, FL 33704  |
| 4. Date of incorporation/qualification: NOV 30, 2009 Document number: N09000011437  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  |
| KUMAR CHITTIPEDDI   |
| 7164 CONCH BLVD   |
| SEMINOLE, FL 33777  |
| SEMINOLE, FL 33777  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| KUMAR CHITTIPEDDI 2 395   |
| 4119 BAYSHORE BOULEVARD 2   |
| P.O. Box NOT acceptable   |
| ST. PETERSBURG, FL 33703  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| Signature of an officer or director  KUMAR CHITTIPEDDI (SECRETARY)  Printed or typed name and title   |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Kv JAN 7, 2011 Signature of Registered Agent Date   |
| If signing on behalf of an entity:  |
| KUMAR CHITTIPEDDI Typed or Printed Name   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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