

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| ry/State/Zip/Phone | e #) | | | |
| ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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TO:

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Amendment Section Division of Corporations

SUBJECT: Intelligent Robotics Inc.

N16000001325

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:

Tathagata Mukherjee

Name of Contact Person

Intelligent Robotics Inc.

Firm/Company

3697 Longfellow Road

Address

Tallahassee, FL 32311

City/State and Zip Code

tathagata@intelligentrobotics.org

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

For further information concerning this matter, please call:

Tathagata Mukherjee

Name of Contact Person

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

| statement of chai | provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regist | nized under the laws of the Stat | e of Florida |
|---|--|--|-----------------------------------|
| 1. The name of the | he corporation: Intelligent Robotic | es Inc. | , |
| 2. The principal | office address: 3697 Longfellow F | Road Fallahassee, FI 3 | 2311 |
| 3. The mailing ac | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 02/08/2016 | Document number: N1 | 6000001325 |
| 5. The name and | street address of the current registered attended of State: (If resigned, enter resign | | ile with the |
| | United States Corporation of | Agents, Inc. | 1 59 = 6 |
| | 13302 Winding Oaks BLVD | STE A | |
| | Tampa, FL 33612 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | ed office |
| | Tathagata Mukherjee | | ⁴ |
| | 3697 Longfellow Road | | |
| | P.O. Box NO Tallahassee, FL, 32311 | l' acceptable | • |
| The street address as changed will it | ss of its registered office and the street be identical. | address of the business office | of its registered agent, |
| Such change was authorized by the | s authorized by resolution duly adopted e board, or the corporation has been no | d by its board of directors or by titled in writing of the change | y an officer so |
| Signatum | e of an officer or director | Pryush Kumar | Director_ |
| I further agrée to performance of r agent. Or, if this | the appointment as registered agent an o comply with the provisions of all stat ony duties, and I am familiar with and a s document is being filed merely to refl that the corporation has been notified i | d agree to act in this capacity, utes relative to the proper and iccept the obligation of my pos ect a change in the registered | complete ition as registered |
| | m. | 1-2-2918. | |
| | ature of Registered Agent | Date | |
| If signing on beh | nalf of an entity: | | |
| Ty | ped or Printed Name | | |

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