

P10000035579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

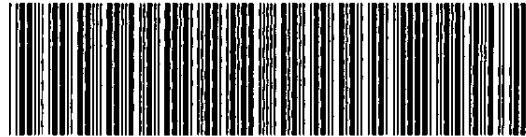
(Business Entity Name)

(Document Number)

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APR 21 4/25/11
01009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVANTHA BUSINESS SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P10000035579

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:

KEVIN STALBIRD
Name of Contact Person

PYRAMID HEALTHCARE SOLUTIONS, INC.
Firm/Company

14141 46TH STREET NORTH, SUITE 1212
Address

CLEARWATER, FL 33762
City/State and Zip Code

KEVIN.STALBIRD@PYRAMIDHS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN STALBIRD at (727) 431-3088
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: AVANTHA BUSINESS SOLUTIONS, INC.
2. The principal office address: % GLOBAL GREEN USA, LTD
19 SPEAR ROAD, SUITE 308 RAMSEY, NJ 07446
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/23/10 Document number: P10000035579
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KEVIN STALBIRD C/O PYRAMID HEALTHCARE SOLUTION

14141 46TH STREET NORTH, SUITE 1221

P.O. Box NOT acceptable

CLEARWATER, FL 33762


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

MANOJ MALHOTRA, PRESIDENT
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.


Signature of Registered Agent

2/22/11
Date

If signing on behalf of an entity:

Kevin Stalbird
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

11 APR 21 PM 12:10
TALLAHASSEE, FLORIDA