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SECRETARY OF STATE.

R.A.

1800 7-12-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	PRAOG	SLINC
SUBJECT:	Name o	f Corporation
DOCUMENT N	JMBER:	
The enclosed State	ement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	Chandra Name of	Sekhar Sara Contact Person
	PRA Firm	OGI. INC. /Company
	13802	NW 10th Ct
	Pembroke F	Pines FL 33028 e and Zip Code
-	csekhar.sar E-mail address: (to be used fo	a@gmail.com r future annual report notification)
For further inform	ation concerning this matter, pleas	se call:
Ct Na	nandra Sekhar Sara me of Contact Person	at (510) 857-5683 Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Dep	partment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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: PRAOGI, INC.
2. The principal office address: 13802 NW 10th Ct
Pembroke Pines, FL 33028
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/26/2011 Document number: P1100009905
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)
Business Filings Incorporated
1203 Governors Square Blvd, Suite 101 Ξ_S
1203 Governors Square Blvd, Suite 101 Tallahassee, Florida 32301-2960
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Chandra Sekhar Sara
13802 NW 10th Ct P.O. Box NOT acceptable
Pembroke Pines, FL 33028
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.
C: Survey Chandra Sekhar Sara President Printed or typed name and falle
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 Date
If signing on behalf of an entity:
Typed or Printed Name

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