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## COVER LETTER '

Division of Corporations		
SUBJECT: WORLD INFORMATIX CYBER SECURITY  Name of Corporation		
DOCUMENT NUMBER: P14000079820		
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:		
RAKESH ASTHIAU A  Name of Contact Person		
WORLD INFORMATIX CYBER SETURITY INC.		
Firm/Company		
1552 SE BALLANTRAE (OUYT, Address		
PORT ST. LUCIE, FL, 34952 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RAKESH ASTHAWA at (703) 501 - 1199  Name of Contact Person Area Code & Daytime Telephone Number		
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  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 (03/12)

## 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: WURLD INFORMATIX CYBER SECURITY INC.
2. The principal office address: 3 HARBOR ISLE Drive, Apt 304, FORT DIERC 34949, FLORIVA
3. The mailing address (if different): - Same-
4. Date of incorporation/qualification: Oct 1, 2014 Document number: P140000 79820
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)
NEAL ASTHAWA ( RESIGNED)
3 HARBOR ISLE Drive EAST, APT 304,
FORT PIERCE, FL, 34949
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RAKESH ASTHAWA,
1552 SE BALLANTRAE COURT, P.O. Box NOT acceptable
PORT ST. LUCIE, 34952, FLORIDA
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.
RAKESH ASTHAWA, CEO Signature of an officer or director 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.
Robbians 10/05/2015
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed 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 \* \* \*