

P160000-23692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

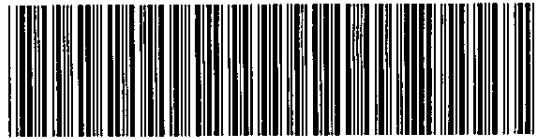
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900294881469

01/30/17--01024--001 \*\*35.00

2017 JAN 30 P 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 01 2016  
T. LEMEUX

*RANC*

---

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAVIRA TECHNOLOGIES INC  
Name of Corporation

**DOCUMENT NUMBER:** P16000023692

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:

Madhu Akula

Name of Contact Person

SAVIRA TECHNOLOGIES INC

Firm/Company

3909 Reserve Dr Apt 2812

Address

Tallahassee FL 32311

City/State and Zip Code

madhu6192@gmail.com

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

For further information concerning this matter, please call:

Madhu akula

Name of Contact Person

at ( 508 ) 9816281

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: SAVIRA TECHNOLOGIES INC  
2. The principal office address: 3909 Reserve Dr Apt 2812  
Tallahassee FL 32311  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/11/2016 Document number: P16000023692

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)

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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

Madhu Akula

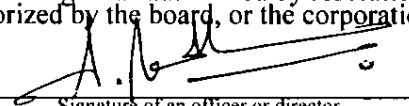
3909 Reserve Dr Apt 2812

P.O. Box NOT acceptable

Tallahassee FL 32311

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

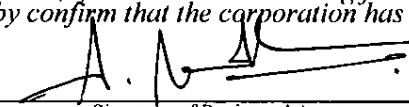
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Madhu Akula (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.*

  
\_\_\_\_\_  
Signature of Registered Agent

1/20/2017

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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