P17000009069

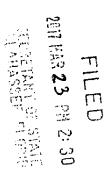
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
		:

Office Use Only



400280206554

03/14/17--01018--027 **35.00



18/8/E



March 20, 2017

SUJAN SINGH 13711 OLD SHERIDAN ST SW RANCHES, FL 33330

SUBJECT: DIVINE INFOSYS, INC. Ref. Number: P17000009069

We have received your document for DIVINE INFOSYS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 317A00005273

SINGH

PAGE 01

Car 245 6 gar. 23:55

RHenton MUSTAN

Cabel MUSTAN

COVER LETTER

TO: Amendment Sect Division of Corpo		,	
NAME OF CORPOR	RATION: DIVING	INFOSYS,	inc
DOCUMENT NUMI	BER: <u>P 1700</u>	0009069	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	<u> </u>	UJAN SING	H
		Name of Contact Perso	
		P.9 AGENT Firm/Company	OF DIVINE INFOSYSING
	C10 1:	3711 OLD S. Address	HERIDAN ST
•	5	W RANCH	ES, FL 33330
·	SUJA E-mail address:	TNS/NGH100 (to be used for future annual	GMAIL. Com al report notification)
For further information	onceming this matter, plea	se call:	·
Su	JAN SINGH	at (784	346-3806 Daytime Telephone Number
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
	r the following amount made		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mai</u>	ling Address	<u>Street</u>	Address
	ndment Section	Amen	dment Section
Dist	ion of Companylous	nt.dat	an af Co.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of	• • • •				
_	to (manuscration				
	Incorporation of				
	_				
Name of Corporation as currently filed with the	Florida Dent of State	•)		_	
	Friorida Dept. of Stati	E)			
P 1700000 9069				_	
(Document Number of Corporation	i (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, the Incorporation:	his corporation adopts	the following	; amendment((s) to its	Articles of
A. If amending name, enter the new name of the corporation:					
				The n	ıew
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professiona	"incorporate d corporation	ed" or the a name must	bbreviat contain	ion the
B. Enter new principal office address, if applicable:	13015				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)					
(Francipal office dadress MUST BE A STREET ADDRESS)	TAMPA	A SAN	TURRY	L,FL	_33639
Principal Office dadress <u>MUST BE A STREET ANDRESS</u>)	TAMPH	A SAN	TUAR	r,Fl	_33639
Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPH	3 SAN	TURR	', FL	_ 33 63 /
C. Enter new mailing address, if applicable:				_	·
•				_	·
C. Enter new mailing address, if applicable:				_	·
C. Enter new mailing address, if applicable:				_	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13015 TAMA	Santue PA Sa	ntuary	_	Dave 33639
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If smending the registered agent and/or registered office ad	13015 TAMA	Santue PA Sa	ntuary	_	D&IVE 33639
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13015 TAMA	Santue PA Sa	ntuary	_	Dave 33639
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If smending the registered agent and/or registered office ad	13015 TAMA	Santue PA Sa	ntuary	_	Drive \$76.39 TILL HAR 23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	13015 TAMA	Santue PA Sa	ntuary	_	Daive 37639 TILLU
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address of New Registered Agent	13015 TAMA	Santue PA Sa	ntuary	_	Drive \$76.39 TILL HAR 23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office agent registered agent and/or the new registered office address to the new registered address	13015 TAMA Idress in Florida, enter	Santua OA Sa r the name of	ntuary	_	Daive 37639 TILLU
D. If amending the registered agent and/or registered office agent new registered agent and/or the new registered office address. Name of New Registered Agent (Florida New Registered Office Address:	13015 TAMA Idress in Florida, enter	Santue PA Sa	ntuary	_	Daive 37639 TILLU

Page 1 of 6

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director, TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X.Change	PT John Doe	
X Remove	<u>Y</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	Name .
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P SEHGAL INDERA	ALS 610 13711 OLD SHARIDAN ST
Add	·	S.W RANCHES FC 33330
Remove	- SINGH KULDI	EEP
2) Change	P SINGH KULD	EEP
_ _X_ _ Add		13015 SANTUARY COVE DRIVE
Remove		TAMPA FL33639
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
	,	,
5) Change		
Add	·	
Remove		
6) Change		
Add		
Remove		

Page 2 of 6

(Attach additional sheets, if necessary). (Be specific) (HANGES DADDRESS CHANGE OLD FOOM 13711 OLD Sheridan St SW Ranches F1 33330 TO NEW 13015 Santwary Cove DRIVE
OLD From 13711 Old Sheridan St SW Ranches F1 33330 To
SW Ranches, F1 33330 To
To
New 13015 Santwary COVE DRIVE
TAMPA EL 33639
D OLD SEHGAL INDERPAL-SINGH OF
SEHGAL KRISHANPAL- SINGH
· .
New SINGH KULDEEP
These were some Confusion that's why we ha
These were some Confusion that's why we had DNLY AbovE Two Changes signed
TILL Contact Co / ///// J-C.
Any Q. Dle call 786-346-3806
H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)
pus at ob
the belle and me
-this arrive
the secret of this amendment
\mathcal{L}
186-34
786-34 31
Tha

Page 5 of 6

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	EFFECTIVE JAN 25, 2 (no more than 90 days after amendment file date)	017
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s ficient for approval.)
The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The following statemer ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
bý		
	(voting group)	
action was not required.	ted by the incorporators without shareholder action and shareholder	
Signature Signature	25/2017 Industry INDERPAL SINGS rector, president or other officer - if directors or officers have not been	17 March 23,20
selected	rector, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other cound fiduciary by that fiduciary)	
•	SEHGAL INDEXPAL SINGH	•
-	(Typed or printed name of person signing)	.
	President.	
	(Title of person signing)	2017
	SEHGAL KRISHANPAL-STNGH	march 23,2017
	JEHGHE KAISIM	No.
	a comment of the comm	