P17000040518

(Re	equestor's Name)	<u> </u>
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(8.1	14	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #))
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PURVA, INC	
DOCUMENT NUMBER: P17000040518	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
BILLY STEWART	
	Name of Contact Person
V & B ACCOUNTING SER	VICES, INC
	Firm/ Company
8031 EBERSOL RD	
	Address
JACKSONVILLE, FL 32216	5
	City/ State and Zip Code
VANDBACC@GMAIL.COM	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please BILLY STEWART	
	at (904) 509-1855
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment to Articles of Incorporation of

PURVA, INC		2
(Name of Corpor	ration as currently filed with the Florida	Dept. of State)
P17000040518		
(Doc	cument Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporati	on adopts the following amendme
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or t	orp," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
		_
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or regis		e name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
Nav. Busintaged Office, Address.		P1 : 1
New Registered Office Address:	(City)	, Florida
		•
New Registered Agent's Signature, if changing F		
I hereby accept the appointment as registered agen	t. I am familiar with and accept the oblige	utions of the position.
Si	ignature of New Registered Agent, if chang	ning
5.	and a strain of the second recording to the second	·'''5

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	JAY PATEL	1024 CARRS CREEK BLVD
X Add			GREENBRIER, TN 37073
Remove			
2) X Change	VP	JAYANTILAL PATEL	7140 SMOKEY HILL RD
Add			ANTIOCH, TN 37013
Remove			
3) Change			·
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

	JULY 20, 2017	
The date of each amendment(s) and date this document was signed.	doption:	, if other than the
· ·	·	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
07/20/2017 Dated	· · · · · · · · · · · · · · · · · · ·	
Signature	Shigh Mehter	_
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
арропі		
	ASHISH MEHTA	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	