P170000 87156

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HARI SAHASVI INC DOCUMENT NUMBER: P17000087756 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VINJAMARA VIJAY KUMAR Name of Contact Person HARI SAHASVI INC Firm/ Company 7107 WEST HIGHWAY 98 Address PANAMA CITY, FL 32407 City/ State and Zip Code nexgenusvr@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VINJAMARA VIJAY KUMAR 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

to

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		"	11	1.3	/ N I	1/1		1	1171.

(Name of Corporation a	s currently filed with the Florida Dept	L of State)
P17000087756		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation ac	dopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corporation n	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A	
	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	NO FEB
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	- 	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered office.		ne of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligation	s of the position.
Signatur	e of New Registered Agent, if changing	
••		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	KRANTHI KUMAR PALLEGAR	1706 EVERGREEN AVE
X Add				CROWN POINT
Remove				IN 46307
2)Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
/A	
	
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If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
61/01/2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
tu.	
by" (voting group)	
01/01/2020 Dated	
Signature V. DRSS	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
VINJAMARA VIJAY KUMAR	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)