P2100047134

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TO:

Amendment Section Division of Corporations

SUBJECT: Change Agent Name of Corporation	
Thank of Gosporation	
DOCUMENT NUMBER: P21000047134	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Karmalita Singh	
Name of Contact Person	
Firm/Company	
2258 BLOSSOMWOOD DR	
Address	
OVIEDO/FI/32765	
City/State and Zip Code	
ksinghpatram@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Gangadeen Patram	31 (407) 5907861
Name of Contact Person	at (407) 5907861 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassec
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508. Florida a organized under the laws of the State of registered agent, or both, in the State of	Munited States
1. The name of t	he corporation: FLOYANA TECH	INOLOGY SOLUTIONS INC.	
	office address: 2258 BLOSSOMW		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 05/18/2021	Document number: P21000	0047134
	street address of the current regis ment of State: (If resigned, enter	tered agent and registered office on file versigned)	with the
	UNITED STATES CORPORATION	ON AGENTS, INC.	
	5575 S. SEMORAN BLVD. SUIT	E 36 ORLANDO, FL 32822	_
6. The name and (if changed):	street address of the new register Karmalita Singh	ed agent (if changed) and /or registered o	76/27 FLB -3
	2258 Blossomwood Dr. Oviedo, Fl	32765	_ P#
	2200 13103111111000 231, 0 71000.11	P O Box NOT acceptable	· 0
The street address as changed will	ss of its registered office and the be identical.	street address of the business office of	_
Such change wa authorized/by th	s authorized by resolution duly a board, or the corporation has b	dopted by its board of directors or by a een notified in writing of the change.	n officer so
165		Gangadeen Patram	
	of an officer or director	Printed or typed name and	Title
I further agree to of my duties, and document is bein	he appointment as registered ago comply with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity, ill statutes relative to the proper and co he obligation of my position as register e in the registered office address, I here hange.	omplete performance ed agent. Or, if the eby confirm that the
5-2	:	CI 31	120 23
Sign If signing on bel	nture of Registered Agent	Daté	
Ту	ped or Printed Name		

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