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Division of Corporations

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REGISTERED AGENT CHANGE MANSIYOGA CORP

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OCT 1 3 2021

A. LUNT

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations MansiYoga Corp Name of Corporation P21000050480 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo

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
The Centre of Tallahassee
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	provisions of sections 607.0502, 6. ange is submitted for a corporation er to change its registered office or	organized	under the la	ws of the State o	y Florida	
	the corporation: MansiYoga C	``			,	
2. The principal	office address: 8421 VIVARO	ISLE W	'AY			
WINDER	MERE, FL 34786					
•	address (if different):					
4. Date of incor	poration/qualification: 5/26/202	21	_Document:	number: P210	000050480	
	d street address of the current regist rtment of State: (If resigned, enter r		and registere	ed office on file	with the	
	RAJAGOPALAN, RA	AJESH				
	8421 VIVARO ISLE WAY					
	WINDERMERE		FL	34786		2021
6. The name and (if changed):	d street address of the new registere Registered Agent Sol	•		d/or registered	office	2021 OCT 12 AM 10:
	155 Office Plaza Dr.		Suite A			<u>.</u>
	Tallahassee	P.O. Box NOT	acceptable 3230	1		7
The street addr as changed will	ess of its registered office and the lbe identical.	street addr	ess of the bu	isiness office o	f its registered a	igent,
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by i	its board of a	directors or by of the change.	an officer so	
	Rajasopalan ire of an other or director	Raj	esh Raja	gopalan	President	
I further agree of my duties, ar document is be	t the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ill statutes i he obligation e in the res	relative to th on of my pos	ie proper and c ition as reviste	complete perfori ered agent. Or, reby confirm th	nance if this at the
<u>Hod</u>	guality of Registered Agent	1	0/12/202	Date		
If signing on bo	chalf of an entity:					
	, Assistant Secretary					
7	Typed or Printed Name					
	* * * FILE	NG FEE: S	35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)