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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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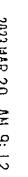
REGISTERED AGENT CHANGE EMMUNE, INC.

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March 16, 2023

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMMUNE, INC. 1951 NW 7TH AVE SUITE 300 MIAMI, FL 33136

Page: 4 of 5

SUBJECT: EMMUNE, INC. REF: F15000004198

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheets

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Tammi Cline FAX Aud. #: H23000099560

Regulatory Specialist II Supervisor Letter Number: 923A00006185

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

| statement of char | ige is submitted for a corporatio | 617,0502, 607 1508, or 617,1508, Florida Sta n organized under the laws of the State of <mark>DE</mark> r registered agent, or both, in the State of Flor | | is |
|---|--|--|----------------|----------------------|
| | ne corporation: Emmune, Inc. | | | |
| | • | | | |
| | office address: way 1 STE 302 Juno Beach, FL 33 | 408 | | |
| 3. The mailing ac | Idress (if different): | | | |
| 4. Date of incorp | oration/qualification: 09/22/201 | 5 Document number: F15000004 | 198 | |
| | street address of the current regi ment of State: (If resigned, enter | stered agent and registered office on file with resigned) | the | |
| | Alpert, Michael | | | |
| | 14155 US HWY 1 STE 302 JUNG | | | |
| 6. The name and (if changed): | street address of the new registe C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 | red agent (if changed) and /or registered office | In CAHASSEL FI | 2023 MAR 20 AH 9: 12 |
| The street address | | e street address of the business office of its r | egistere | d agent, |
| | | adopted by its board of directors or by an off been notified in writing of the change | | |
| /s/ Natal | ie Pickens e of an officer or director | Natalie Piekens, Member | | |
| I hereby accept. I further agree to of my duties, and document is ben | the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this | Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete abligation of any position as registered age in the registered office address, I hereby a change. | went. O | r, if this |
| /s/ Agnes Jens | en | 3/20/2023 | | |
| _ | ature of Registered Agent | Date | | |
| If signing on bel | - | | | |
| Agnes Jensen, As | <u> </u> | - | | |
| Ty | ped or Printed Name | | | |

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

By: