To: Fage 3 of 4 Division of Corporations

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To:	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CCRPORATION SYSTEM
	Account Number : FCA00000023
	Phone : (614)280-3338 Fax Number : (954)208-0845
	12x Mamber . (553,200 0040
**Enter th	e email address for this business entity to be used for future
	al report mailings. Enter only one email address please.**
Email	Adress.

REGISTERED AGENT CHANGE EIT EMERGING IMPLANT TECHNOLOGIES INC.

REQUESTING ORIGINAL FILING OF 10/08/2018

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help



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

1. The name of the corporation: EIT Emerging Implant Technologies Inc.

Koswe	office address: 1455 0/d Alabama Road, Suite 115-E
3. The mailing ac	ldr e ss (if different): <u>////</u>
4. Date of incorp	oration/qualification: 08/27/2018 Document number: F18000003976
Florida Depart	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned) <u>Corporation Service Company</u> <u>IADI HAYS Street</u> <u>TAIIA hasee, FL 32301-2525</u>
 The name and (if changed): 	street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an other or director

Tina S. French, Assistant Secretary Printed or typed name and title

Date

I hareby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System By: Signature of Registered Agent

October 4, 2018

If signing on behalf of an entity:

KIMBERLY LAUGHREY- ASST. SEC.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)