705 cap/40/62

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BENQ LATIN AMERICA CORP. Name of Corporation	
DOCUMENT NUMBER: P05000140162	
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:
Evelyn Patino	
Name of Contact Person	
BenQ Latin America Corp. e/o BenQ America Corp.). The state of th
Firm/Company	
3200 Park Center Drive, Suite 150	$z \sim \omega$
Address	
Costa Mesa, CA 92626	က် (၈၁ T)
City/State and Zip Code	m z
CT-StateCommunications@v	coherskluwer.com
E-mail address: (to be used for future annua	colterskluwer.com Treport notification)
For further information concerning this matter, p	please call:
Evelyn Patino	at (714) 559-4958 ext 6158 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
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, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: BENQ LATIN AMERICA CORP.
2. The principal	office address: 8350 NW 52nd Terrace Suite 301 MIAMI, FL 33166
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 10/13/2005 Document number: P05000140162
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	ShihWei Yang
	8350 NW 52nd Terrace Suite 301
	MIAMI, FL 33166
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	1200 South Pine Island Road
	P.O Box NOT acceptable Plantation, Florida 33324
The street address changed will	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signate	Printed or typed name and title Printed or typed name and title
I further agrée ôf my duties, ar document is be.	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance id I am familiar with and accept the obligation of my position as registered agent. Or, if the ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change. s System
Sış	mature of Registered Agent Date
If signing on be	half of an entity:
Denise Bell-Ass	istant Secretary
1	yped or Printed Name

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

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

By: