P1100	0079547
(Requestor's Name) (Address)	800338128608
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2019 DEC 18 PH I2: 00

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 051260 AUTHORIZATION

7849630 nell) eran) COST LIMIT : \$ 35.00

ORDER DATE : November 14, 2019

- ORDER TIME : 9:09 AM
- ORDER NO. : 051260-001
- CUSTOMER NO: 7849630

CHANGE OF AGENT

NAME: EMUQ TECH INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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

1. The name of the corporation: EMUQ TECH INC.

2. The principal office address: 1000 5th Street, Suite 2008 Miami Beach, FL 33139

3. The mailing address (if different):

4. Date of incorporation/qualification: ______ 09/08/2011 _____ Document number: _____P11000079547

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	Nabil Alshami		_
	1005 5th Street, Suite 200B		
	Miami Beach	FL 33139	
6. The name a (if changed	and street address of the new registered): Corporation Service Company	agent (if changed) and /or registered o	- 12:
		· · · · ·	00
	1201 Hays Street		
		NOT acceptable	_

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

President

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.

Nabil Alshami hami Signature of or officer or director Printed or typed name and liffe

I hereby 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.

Signature of Registered Agen

If signing on behalf of an entity:

Amanda Robinson Asst. Vice President

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)