P11000108639

(Requestor's Name)				
(A)	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
		MAIL		
(Business Entity Name)				
(Document Number)				
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04/10/17--01029--008 **35.00



V HERRING APR 1 2 2017

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

,	The name of the corporation:	Engage	Mobility,	Inc.
! .	The name of the cordoration.	- J J J - J -		

2. The principal office address: 15C, China Merchants Tower, No. 1166 Wanghai Road Nanshan District, Shenzhen, Guangdong 518067, China

3. The mailing address (if different):_

4. Date of incorporation/qualification: 12/28/2011 Document number: P11000108639

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)

Florida Registered Agent LLC

3030 N. Rocky Point Road Drive, Suite 150A

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vcorp Services, LLC

5011 South State Road 7, Suite 106

P.O. Box NOT acceptable

Davie, FL 33314

The street address of its registered office and the street address of the business office of its registered agent as changed will 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 officer or d rector

Printed or typed name and title

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 dulies; 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 Agent

If signing on behalf of an entity:

VCOVP Services Palazzo, Secretary 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)