P18000045151

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2022 FEB 17 AM 9: 42
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NORQAIN WATCHES US INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Emmanuel Butler** Name of Contact Person NOROAIN WATCHES US INC. Firm/ Company 25 SE 2nd Ave, Ste 1144 Address Miami, FL 33131 City/ State and Zip Code emmanuel.butler@norqain.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 9887917

Area Code & Daytime Telephone Number Emmanuel Butler Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

| NORQAIN WATCHES US INC. | | | 2022 FEB 17 AM 9: 42 |
|---|---------------------------------|---|--|
| (Name | of Corporation as currently | filed with the Florida De | ept. of State) |
| P18000045151 | | | SECRETARY OF STATE TALLAHASSEE, FI |
| | (Document Number of C | Corporation (if known) | - Maria Cara Cara Cara Cara Cara Cara Cara |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this FI | orida Profit Corporation | adopts the following amendment(|
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association," | Corp." "Inc." or "Co". A | mpany," or "incorporated professional corporation | d" or the abbreviation "Corp.," |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | - |
| | | | |
| | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | | |
| | | | <u> </u> |
| | | | |
| D. If amending the registered agent ar | nd/or registered office addre | ee in Florida, antar the r | sume of the |
| new registered agent and/or the ne | | ss in Fighta, enter the i | ame of the |
| Name of New Registered Agent | Emmanuel Butler | | |
| Name of New Negisterea Agem | 888 Biscayne Blvd, Apt 380 | <u> </u> | |
| | (Florida stree | | |
| | Miami | | 33132 |
| New Registered Office Address: | | Citry | , Florida |
| | · | • • | · |
| | | | |
| New Registered Agent's Signature, if o | | | |
| I hereby accept the appointment as regis. | tered agent. I am familiar wi | th and accept the obligati | ons of the position. |
| | | | |
| | | | |
| | Signature of New Res | gistered Agent, if changing | |
| | | , · · · · · · · · · · · · · · · · · · · | |

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> <u>Jo</u> | ohn Doe | |
|----------------------------|---------------------|-----------------|-----------------------------|
| X Remove | <u>V</u> <u>M</u> | like Jones | |
| X Add | <u>SV</u> Sa | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change | D | Emmanuel Butler | 888 Biscayne Blvd, Apt 3808 |
| Add | | - | Miami. FL 33132 |
| Remove | | | |
| 2) Change | <u>S</u> | Emmanuel Butler | 888 Biscayne Blvd, Apt 3808 |
| XAdd | | | Miami, FL 33132 |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | eets, if necessary). | (Be specific) | | | |
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. . . .

| The date of each amendmen late this document was signed | 2/12/2022 t(s) adoption: | , if other than the |
|--|---|---|
| Effective date if applicable: | | |
| effective date <u>if applicable</u> . | (no more than 90 days after amendment file date) |) |
| Note: If the date inserted in document's effective date on t | this block does not meet the applicable statutory filing requirement the Department of State's records. | ts, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without shareh | older action and shareholder |
| • • | ere adopted by the shareholders. The number of votes cast for the am | endment(s) |
| | re approved by the shareholders through voting groups. The following of for each voting group entitled to vote separately on the amendment | |
| "The number of vote | s east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| 2/12/2 Dated | 2022 | |
| Signature | E Ex | |
| (<u>I</u> so | By a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | Emmanuel Butler, Director | |
| | (Typed or printed name of person signing) | |
| | Directol | |
| | (Title of person signing) | |