

Florida Department of State  
Division of Corporations  
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Account Name : GREENSPOON MARDER, P.A.  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: butyanglo@yahoo.com

REGISTERED AGENT CHANGE  
CHEOY LEE SHIPYARDS NORTH AMERICA, INC.

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Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cheoy Lee Shipyards North America, Inc.
2. The principal office address: 2955 West State Road 84, Fort Lauderdale, FL 33312
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/28/1995 Document number: P95000058439

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)

Larry Corman, Esq.One Boca Place - Suite 414-E, 2255 Glades RoadBoca Raton, FL 33431

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

Larry Corman, Esq.One Boca Place - Suite 400-E, 2255 Glades Road

P.O. Box NOT acceptable

Boca Raton, FL 33431

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 director

RUI-YANG LO, VICE PRESIDENT

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 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 Agent

May 4, 2015

Date

If signing on behalf of an entity:

Larry Corman, Esq.

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

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