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Division of Corporations

L2000045070

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rafaell@umanahof.com

LLC REGISTERED AGENT CHANGE
UMANA GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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LLC

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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, 607.0508, 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: Umana GP, LLC

2. The principal office address: 9801 COLLINS AVENUE, #14G, BAL HARBOUR, FL 33154

3. The mailing address (if different): 150 SE 2ND AVE., 905, MIAMI, FL 33131

4. Date of incorporation/qualification: 02/07/2020 Document number: L2000045070

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) UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD., SUITE 36 ORLANDO, FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents Inc. 7901 4th Street N, Ste 300 St. Petersburg, FL 33702 P.O. Box 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.

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] Signature of an officer or director

Rafael Albuquerque 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. 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.

David Roberts Signature of Registered Agent

01/20/2023 Date

If signing on behalf of an entity: David Roberts, Assistant Secretary Typed or Printed Name

2023 01 24 PM 1:46 LLC

* * * 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 (04/13)