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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-109; Fax Number : (850)878-5368

TORETARE O

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

OF STATE

11 JUL 19 AM 8: OU ECHETARY OF STATE ALLAHASSEE, FLORID

REGISTERED AGENT CHANGE VANTIUM CAPITAL, INC.

Certificate of Status	0
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PAChange

07-19-1/7/18/

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:						
	Name of Co	orporation				
DOCUMENT NUMBE	UMENT NUMBER: F07000005689					
The enclosed Statement	of Change of Registered Office	Agent and the are subr	nitted for filing.			
	ondence concerning this matter	_				
,p	advice track with 1000 to	to the sollowing.				
	Michael	Jones				
	Name of Contact Person					
C T Corporation						
	Firm/Company					
	250 N C+ Day	1 tuis 2000				
 -	Address					
	4 t	4 30				
	Dallas, TX 7520!					
	City/State an	d Zip Cod:				
E-ma	dacia aven e va ul address: (to be used for fu	Latium capito nure annial report not	lification)			
For further information c	oncerning this matter, please co	all:				
Mic	chael Jones	214	932-3686			
Name of	Contact Person	at (Ar:a Code & Day	time Telephone Number			
Enclosed is a \$35.00 che	ck made payable to the Departi					
1	Mailing Address: Amendment Section	Street Address Amendment	is: Section			
	Amendment Section Division of Corporations	Division of C				
	P.O. Box 6327	Clifton Build	ling			
	Fallahassee, FL 32314	2661 Execut	ive Center Circle			

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	inge is submitted for a c	orporation organiza	607,1808, or 617.1808, Flor ed under the laws of the State	g of Delaware
		_	ed agent, or both, in the State	of Florida.
1. The name of	the corporation:	UM CAPITAL, INC		
2. The principal	office address: 7880 BE	ENT BRANCH DRIV	/E, SUITE 150, IRVING TX	75063
3. The mailing a	uddress (if different):			
4. Date of incorp	poration/qualification:	11/16/2007	Document number:	F07000005689
	l street address of the cu tment of State: (If resig		nt and registered office on fil	le with the
	NRAI SERVICES, INC	2		
	515 E. PARK AVENUE			
	TALLAHASSEE FL 32	301 US		Tay on
6. The name and (if changed):	l street address of the ne	ew registered agent ((if changed) and for registere	
	C T Corporation System	ì		35 5 F
	c/o C T Corporation Sys	stem, 1200 South Pin	e Island Road	
		P.O. Box NOT a	cospiable	
	Plantation, Florida 3332	<u> </u>		nale nale
The street address changed will	ess of its registered offi be identical.	ice and the street ac	ldress of the business office	of its registered agent.
Such change was authorized by the	as authorized by resolute board, or the corper	tion duly adopted bation has been notif	by its buard of directors or b fied in writing of the change	ry an officer so e.
			- Michael Jones, Vi	ce President
	re of an other of the stee		Printed or typed nation	
I hereby accept I further agree of my duties, an document is bet corporation ha	the appointment as re- is comply with the pro- ld I am familiar with as ing filed merely to refle s been notifled in writh	gistered agent and visions of all statut nd accept the oblig uct a change in the ng of this change.	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, I) d complete performance stered agent. Or, if this hereby confirm that the
	Corporation System		7/12/20	
	manue of Registered Agent		Date	_
If signing on be	chalf of an entity:			
	l Jones, Assistant Secrete	ary		
1	yped or Printed Name		3. #35 AA # # #	
	•	* * * FILING FEI	5: 333.00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOY 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)