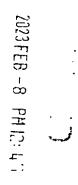
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| Certified Copies        | _ Certificates    | s of Status      |
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| Special Instructions to | Filing Officer:   |                  |
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Edge Unc. Inc. Name of Corporation  |
|--|
| Name of Corporation  |
| DOCUMENT NUMBER: FZ100QCQ3629  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.    |
| Please return all correspondence concerning this matter to the following:                        |
| Wichica Screages Name of Contact Person  |
| Edge Uno Inc.  |
| 1200 Ponce de Leon Bird Unidoction Suite 900<br>Address  |
| Mi. and FL 33134 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)                               |
| For further information concerning this matter, please call:                                     |
| Monica Sci 345 at (365 ) 337-1852<br>Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State.                             |

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

| rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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:   |                                   |
| 2. The principal office address: 1200 Pence de Lein Blad. Suite 160   |                                   |
| Miam, FL 33134  |                                   |
| 3. The mailing address (if different):  |                                   |
| 4. Date of incorporation/qualification: 6/22/2621 Document number: F2103000 362   | .4                                |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>   |                                   |
| Akan Mehmet   | 2                                 |
| 3104 Grand Aug #267   | 2022 E E B                        |
| Miami FL 33:35-5:103  | <del>22</del><br>22               |
|   | 2 PM (): F.                       |
| - Wehmet Akrin  | F :                               |
| 1240 Pance de Leon Blud Suite 966<br>P.O. Box NOT acceptable  |                                   |
| Wham, FC 33134  |                                   |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical.   | d agent,                          |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.   |                                   |
| Signature of an officer or director  MEHMET AKCIA 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 perform duties, and I am familiar with and accept the obligation of my position as registered agent. Of document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been potified in writing of this change. | ormance<br>or if this<br>that the |
| Signiture of Registered Agent Date  |                                   |
| If signing on behalf of an entity:  |                                   |
| Typed or Printed Name   |                                   |

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

\* \* \* FILING FEE: \$35.00 \* \* \*