-P01000058226

(Requestor's Name) MUNO2-
munoz —— 1083 N.Collie 1#332 — MIF 134145
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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44/01/03--01022--022 **35.00

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 \$1,7.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of HORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Umari Inc.
2. The mailing address of the corporation: 1083 N. Collier # 332
Charco 41- 34145
3. Date of incorporation/qualification: 6/7/01 Document number: PO1000058226
4. The name and address of the current registered agent and registered office:
Genesel Damie, B
Go Berry + Greuses.
1104 N. COFLIER BIVOL MARCH Ll. 34/45
5. The name and address of the new registered agent (if changed) and /or registered office (if changed).
(P.O. Box NOT Acceptable)
Marion Munoz
1083 N. Collier Shot #332
Marso, H. 34145
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.
AMANA AMANA 3 Lating
(Signature of an officer, Chairman or vice chairman of the board) (Date)
MARION HUNDS President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 fim familiar with and accept the obligation of my position as
registered agent 3/25/03 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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