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SECRETARY OF SIMILORS OF CORPORALIONS

PARDICHS 12.14.12

COVER LETTER

TO: Amendmen Division of	t Section Corporations	
SUBJECT:	Umman Inc Name of Corpo	ration
DOCUMENT NUM	MBER: P120000	6883
The enclosed Stater	nent of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all cor	respondence concerning this matter to t	he following:
-	Nedim Akca Name of Contact	Person
	Firm/Compa	any
	1286 Killaby Address	Dr.
	Wississ auga City/State and Z	ON LSVIBI Canada
_	nedim. akcali @ c E-mail address: (to be used for futur	kreparoup.com e annual report notification)
For further informat	tion concerning this matter, please call:	
<u>Nedim</u> Nam	Akcali at a contact Person	Area Code & Daytime Telephone Number (416),829-2542
Enclosed is a \$35.00	0 check made payable to the Departmen	t of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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: Umman Inc.
2. The principal office address: 1286 Killaby Dr., Mississauga, ON, LSVIBI
3. The mailing address (if different):
4. Date of incorporation/qualification: Jan 17, 2012 Document number: P1200006883
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)
Nedim Akcali
7260 W Atlantic Blud.
Margate, FL, 33063
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jan Marie Doughty, CPA.
3000 North Atlantic Avenue, Suite 208 P.O. Box NOT acceptable
Cocoa Beach, Florida, 32931
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 oran officer or director Nedin Akcali 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 Date
If signing on behalf of an entity:
Jan Marie Doughty Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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