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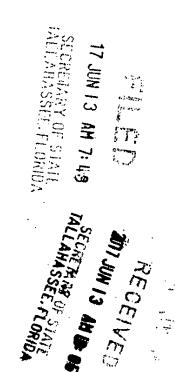
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COVER LETTER

Division of Corporations				
SUBJECT: Securenet Solutions Group, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JULIE SCHULZ				
Name of Person				
SUMMIT GROUP MANAGEMENT, LLC Firm/Company				
3427 BANNERMAN ROAD, SUITE D208				
Address				
TALLAHASSEE FL 32312				
City/State and Zip Code				
julie.schulz@summitgroup.biz E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JULIE SCHULZ at (950) 219-8207				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
S25 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: _Secuv	enet Solution	s Group, LLC
2. (a)	2427 BANNERMAN ROAD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of	I ROAD of limited liability company: BE POST OFFICE BOX)
	SUITE D208	SUITE_105-428_	
	TALLAHASSEE FL 32312	TALLAHASSEE FI	32312
3.	4 23 2007 Date of filing/registration in Florida	L070000	
	SUMMIT GROUP INTERNATIONAL MAN Registered Agent and Registered Office shown on the records of		imper
			17 Ju
	SUITE 155		N N N N N N N N N N N N N N N N N N N
	TALLAHASSEE , FI	L3231.7	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		7:48 ORNOA
	3427 BANNERMAN ROAD, SUITE D20 NEW Registered Office Address:		
	TALLAHASSEE , FI		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited larger authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered office and the busing iability company, it is hereby confict of the limited liability company or climited liability company.	ness office of the registered rmed that the change(s) as otherwise provided in
Sign	ature of a member or authorized representative of a member	CLAUDE R. WALK	KER d name of signee
I here provis the obto mer notific	eby accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change	orge to act in this canacity. I furthe	er agree to comply with the
Nignati	ure of Registered Agent		