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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	Certificates of	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations	,				
SUBJE	SUMMIT INSURANCE GROUI	P, LLC				
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
			_			
	Name of Person					
MAR	SHALL SOCARRAS GRANT, P.L.					
	Firm/Company		_			
197 S	S. FEDERAL HIGHWAY, SUITE 200					
	Address					
восл	A RATON, FL 33432					
	City/State and Zip Code		-			
EFILE	E@MSGLAW.COM					
E	-mail address: (to be used for future annual	report notific	ation)			
For fur	ther information concerning this matter, ple	ease call:				
MELI	SSA DURSI	561	361-1000			
	Name of Person	\	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

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:	URAN	CE GRO	DUP, LLC		
2. (a)	5300 W HILLSBORO BLVD	()	(b) 5300 W HILLSBORO BLVD			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE A218	_	SUITE	A218		
	COCONUT CREEK, FL 33073	_	cocc	ONUT CREEK, FL 33073		
	02/04/2016		L16000	0024181		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Wood, Christopher					
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS	2	18 OCT		
	FT MYERS .FL	33919				
(b)	MARSHALL SOCARRAS GRANT, P.L. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lres:	CT 15 PH IZ: 10		
	NEW Registered Office Address:			-		
	197 S. FEDERAL HIGHWAY, SUITE 200			_		
	BOCA RATON , FL	33432				
agent v was/we the arti Signa I heret provisi the opti to mere notified	mited liability company is not organized under the law nage or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of the street of organization or the operating agreement of the law of a member or authorized representative of a member on accept the appointment as registered agent and agreement of all statutes relative to the proper and complete particles of my position as registered agent as provided in the repistered office address, I have in the repistered office address, I have limited agent. Division of Corporations P.O. B.	the regis bility co f the limi imited li re to act performa for in C ereby co	in this cannot form that	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept to the limited liability company has been		
FILING FEE: \$25.00						