I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

C

Officer/Director Detail :					
Title	P, T	Title	S, D		
Name	GREGSON, JANE S	Name	GREGSON, JANE S		
Address	15460 SW 256 STREET	Address	15460 SW 256 STREET		
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032		

SIGNATURE: JANE S GREGSON

	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title	Р, Т	Title	S, D			
Name	GREGSON, JANE S	Name	GREGSON, JANE S			
Address	15460 SW 256 STREET	Address	15460 SW 256 STREET			
	LIONECTEAD EL 22022	City State Zin:	HOMESTEAD EL 22022			

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SJO 33410 MIAMI, FL 33102-5331 US

Name and Address of Current Registered Agent:

Current Mailing Address: PO BOX 025331

DOCUMENT# P12000076978

GREGSON, JANE S 15460 SW 256 STREET HOMESTEAD, FL 33032 US

FEI Number: 46-0959776

Current Principal Place of Business:

15460 SW 256 STREET HOMESTEAD, FL 33032

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SUMMERLAND RELOCATION SERVICES INC.

Secretary of State CC1385366006

04/15/2016

Date

FILED Apr 15, 2016

Certificate of Status Desired: No

04/15/2016

Date