

A15000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

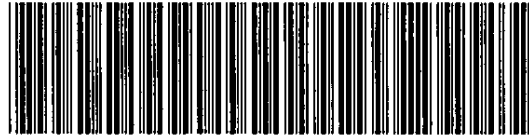
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Holdings Florida Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A1500000271

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James K. Neff

Contact Person

Firm/Company

7892 Fisher Island Drive

Address

Fisher Island, FL 33109

City, State and Zip Code

libby@toplineadmin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Libby Millar

Name of Contact Person

at (203)

451-1582

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Summit Holdings Florida Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/27/2015
Date of filing/registration in Florida

3. A15000000271
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Neff, James K.
Name
7892 Fisher Island Drive
Address
Fisher Island FL 33109
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Brant, Barry
Name
200 S. Biscayne Blvd., 6th Floor
Florida street address (P.O. Box not acceptable)
Miami FL 33131
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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 obligations of my position as registered agent.

Barry Brant
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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