

A15000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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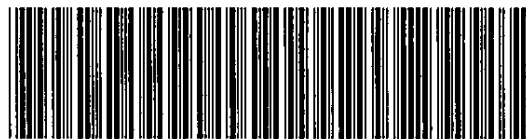
(Business Entity Name)

(Document Number)

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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:** A15000000271

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 3. A15000000271  
Date of filing/registration in Florida 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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