

To: The Florida Dept. of State
Subject: 000852 111300

From: Ashley Smith

Thursday, September 24, 2009 11:02 AM Page: 1 of 2

Division of Corporations

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A94 000001548

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP DIRECT AGENTS, INC.
Account Number : 11043000014
Phone : (850) 224-1173
Fax Number : (850) 224-1141

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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000852. 111300

REGISTERED AGENT CHANGE

MAITLAND SUMMIT, LTD.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

SEP 25 2009

EXAMINER

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**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. Mailland Summit, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. November 17, 1994 3. A94000001548
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:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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

National Corporate Research, Ltd., Inc.
Name
515 East Park Avenue
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

Jamie Helda
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.

A.P. Polizzi
Signature of Registered Agent

Filing Fee: *Ass't Sec'y* \$35.00
Certified Copy (optional): \$52.50

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