A98000001077

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dc	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FUYWEVIEW ! Name of Limited Partnership or L	imited Liability Limited Partnership	
	000 1077	
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	l Office and/or Registered Agent and	
Please return all correspondence concerning this	matter to:	
JULIE SCHULZ		
Contact Person		
SUMMIT GROUP MANAGEMENT , LLC		
Firm/Company		
2427 PANNEDWAY BOAD OUTER DOO		
3427 BANNERMAN ROAD, SUITE D20	08	
Address		
TALLAHASSEE FL 32312		
City, State and Zip Code		
julie.schulz@summitgroup.biz		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, p	please call:	
JULIE SCHULZ at (850)219-8207	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

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. Futureview, Ltd		
Name of Limited Partnership or Limited Liability Limited Partnership		
2. 5111998 3. A800001077 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:		
SUMMIT GROUP INTERNATIONAL MANAGEMENT, LLC		
Name		
2073 SUMMIT LAKE DRIVE, SUITE 155		
Address		
TALLAHASSEE FL 32317		
City, State and Zip		
5. The name and Florida street address of the new registered agent and/or office:		
Name Contract Contrac		
3427 BANNERMAN ROAD, SUITE D208		
Florida street address (P.O. Box not acceptable)		
TALLAHASSEE FL 32312		
City, State and Zip		
6. Such change(s) je/are effective when filed by the Florida Department of State.		
Signature of General Partner 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 an accept the obligations of my position as registered agent. Signature of Registered Agent		

\$35.00

X

Filing Fee:

Certified Copy (optional): \$52.50