

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

L. SELLERS

MAY 10 2010

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
SUMMIT ALLIANCE BENEFITS COMPANY, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

10 MAY -7 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

10 MAY -7 AM 10:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Alliance Benefits Company, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000407

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

keesley.jones@summitalliance.net

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

For further information concerning this matter, please call:

Name of Contact Person

st (_____) _____

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

INHS04 (01/06)

FILED
10 MAY - 7 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Alliance Benefits Company, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/7/2006 3. B0600000407
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:

HATCH JOHN DESQ.
Name
1267 BERKSHIRE LANE, SUITE 200
Address
TARPON SPRINGS/FL/34688
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

[Signature] signing on behalf of general partner
Signature of General Partner

Michael Jones Summit Alliance Capital, LLC
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.

Rebecca Barth
Signature of Registered Agent

Assistant Secretary
Rebecca Barth

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