Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000103593 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

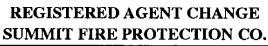
: (850)521-1000

Fax Number

: (850)558-1515

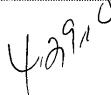
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

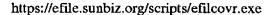
MHANDLOS@SUMMITFIRE.COM Email Address:_



Certificate of Status	0
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42910





STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	rovisions of sections 607.0502, 617.0502, 607 age is submitted for a corporation organized u to change its registered office or registered a	ınder the laws of the State of Min	nesota		
1. The name of t	ne corporation: SUMMIT FIRE PROTECTION	100.			
2. The principal	office address:				
	Idress (if different):				
4. Date of incorp	oration/qualification: 10/01/2004	Document number: F0400000560)6		
	strect address of the current registered agent a tment of State:	and registered office on file with t	he		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		57	~ 1	
6. The name and (if changed):	street address of the new registered agent (if o			OIO APR	region to
	Corporation Service Company		CONT.	<i>2</i> q	21-4
	1201 Hays Street			D IC	
	(P.O. Box NOT acceptable)			<u>.</u>	
	Tallahassee, FL 32301		· 1000 C	S	
	ss of its registered office and the street addresses identical.		egistered as	gent,	
Such change we authorized by the	as authorized by resolution duly adopted by it be board, or the corporation has been notified		ficer so		
_ Ko	me of an officer of processor Bla	anca Lozada, Attorney in Fact (Printed or typed name and little		-	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agi to comply with the provisions of all statutes d I am familiar with and accept the obligation ng filed merely to reflect a change in the reg s been notified in writing of this change.			ance f this t the	
By:	Service Company	pril 26, 2010			
- Carre	gnature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
	wson, Asst. Vice President				
(Typed or Printed Name)				
	* * * FILING FEE: S	35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)