F0600006577

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e#) . |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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04/27/17--01021--001 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

Ra change

APR 2 8 2017

D CUSHING



CSC - WILMINGTON Suite 400
2711 Centerville Road Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: April 25, 2017

Order#: 606050-003

Re: SUMMIT TECHNOLOGIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'Hayer

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

SECRETÁRY OF STATE
DIVISION OF CORPORATIONS
17 APR 27 PM 4: 02

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

| statement of ch | ange is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Connectic egistered agent, or both, in the State of Florida. | |
|--|--|--|-----------------------|
| 1. The name of | the corporation: Summit IT Services | Inc. | |
| 2. The principal | | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 10/17/2006 | Document number: F06000006577 | |
| | d street address of the current register trent of State: (If resigned, enter res | red agent and registered office on file with the signed) | |
| | BUSINESS FILINGS INCORPORA | ATED | |
| | 1200 SOUTH PINE ISLAND ROAD |) | |
| | Plantation | FL 33324 | |
| 6. The name and (if changed): | street address of the new registered | agent (if changed) and /or registered office | |
| | Corporation Service Company | | |
| | 1201 Hays Street | | DIV. |
| | P.O. Box Tallahassee | NOT acceptable FL 32301 | SECRET ASSOCIATION |
| The street addre | ess of its registered office and the str be identical. | reet address of the business office of its registered | d agent, SAT |
| Such change wa authorized by th | 0 0 | pted by its board of directors or by an officer so notified in writing of the change. | OF STA |
| Signatu | re of an officer or director | Jill Cilmi, Vice President Printed or typed name and title | 158 11688 |
| I further agree t performance of agent. Or, if thi hereby confirm | my duties, and I am familiar with ar | statutes relative to the proper and complete nd accept the obligation of my position as registe reflect a change in the registered office address. | red |
| By: In | ace Cokuble | 04/25/2017 | |
| | nature of Registered Agent | Date | |
| | nalf of an entity: Assistant Vice President | | |
| | ped or Printed Name | | |

* * * FILING FEE: \$35.00 * * *

"KS PAVABLE TO FLORIDA DEPARTMENT OF STA