

F0700000 1033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

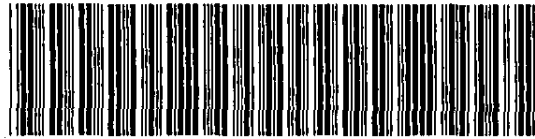
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
13 JAN 16 AM 10:51

13 JAN 16 AM 11:51
F A Change

01-16-13

Dc



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 497579 7566693

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 15, 2013

ORDER TIME : 8:42 AM

ORDER NO. : 497579-025

CUSTOMER NO: 7566693

CHANGE OF AGENT

NAME: SUMMIT TRAINING SOURCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Training Source, Inc.
Name of Corporation

DOCUMENT NUMBER: F07000001033

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Moy

Name of Contact Person

Paul Hastings LLP

Firm/Company

191 N. Wacker Drive, 30th Floor

Address

Chicago, Illinois 60606

City/State and Zip Code

sharonmoy@paulhastings.com

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

For further information concerning this matter, please call:

Sharon Moy

Name of Contact Person

at (312) 499-6086

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Michigan
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Summit Training Source, Inc.
2. The principal office address: 4170 Embassy Drive SE, Grand Rapids, Michigan 49546
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/22/2007 Document number: F07000001033
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Valerie R. Overheul

22021 Reserve Estates Dr.

Bonita Spring, Florida 34135

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporation Service Company

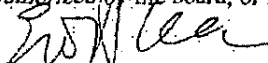
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, Florida 32301-2525

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Eric Keen, Vice President and Secretary

Printed or typed name and title

*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 obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Connie Wood, Asst. Secretary

Signature of Registered Agent

1-15-13

Date

If signing on behalf of an entity:

CONNIE WOOD

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)