

F08000004457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

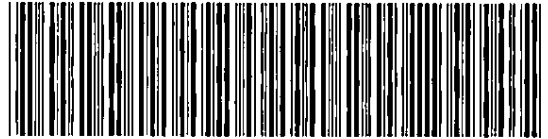
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

w/f 4085

Office Use Only



400429319604

05/08/24--01014--001 **35.00

FILED
2024 AUG 21 PM 12:33
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

Name Change

AUG 30 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUMMIT A*R

DOCUMENT NUMBER: F08000004457

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE MARVIN

Name of Contact Person

SUMMIT A*R

Firm/ Company

12201 CHAMPLIN DR

Address

CHAMPLIN, MN 55316

City/ State and Zip Code

LICENSING@SUMMITCOLLECTS.COM

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

For further information concerning this matter, please call:

JULIE MARVIN

Name of Contact Person

at (612) 867-5054

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE
TALLAHASSEE, FL

2024 AUG 21 PM 12:31

2024
AUG
21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2024

JULIE MARVIN
SUMMIT A*R
12201 CHAMPLIN DR
CHAMPLIN, MN 55316

AUG 21 2024

SUBJECT: SUPPORT COLLECTORS, INC.
Ref. Number: F08000004457

We have received your document for SUPPORT COLLECTORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 624A00014042

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F0800000 4457

(Document number of corporation (if known))

1. Support Collectors, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. _____
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1/22/2024
5. Summit A*R Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

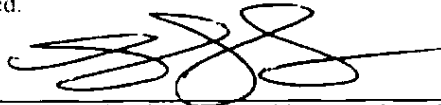
Signature of New Registered Agent, if changing

RECEIVED
2024 AUG 21 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Timothy J. Turner

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
01/22/2024	Amendment - Business Corporation (Domestic)	1448550500020

This certificate has been issued on: 08/12/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State
 Minnesota Business & Nonprofit Corporations
 Amendment to Articles of Incorporation
 Minnesota Statutes, Chapter 302A or 317A



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail.

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to: name, address, and officers.

Summit A'R, Inc.

(If different from name above)

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 90 days after filing with the Secretary of State.

Format: (mm/dd/yyyy)

Indicate which Minnesota Statutes articles regulating the above corporation were adopted. (Insert full text of newly adopted articles, indicating which articles is later being amended or added.) If the full text of the amendment will not fit on this space provided, attach additional pages.

ARTICLE

The name of the corporation shall be: Summit A'R, Inc.

This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

01/16/2024

Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

turner@summitcollects.com

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Tim Turner

612-978-5437

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?
 Yes ☒ No ☐

Office of the Minnesota Secretary of State
Minnesota Business & Nonprofit Corporations
Amendment to Articles of Incorporation
Minnesota Statutes, Chapter 302A or 317A



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. File Number: 9A-437

2. Corporate Name: (Required)

Support Collectors, Inc.

List the name of the company prior to any desired name change

3. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format: (mm/dd/yyyy)

4. The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE

The Name of the corporation shall be: Summit A*R, Inc.

5. This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

6. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

[Signature]
Signature of Authorized Person or Authorized Agent

01/16/2024

Date

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tturner@summitcollects.com

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Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☒



Work Item 1448550500020
Original File Number 9A-437

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
01/22/2024 11:59 PM

A handwritten signature in black ink that reads "Steve Simon". The signature is fluid and cursive.

Steve Simon
Secretary of State