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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Phone Fax Number

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REGISTERED AGENT CHANGE SUMMIT ENGINEERING GROUP, INC.

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C. CARROTHERS

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12/23/2015

Amendment Section

TO:

## **COVER LETTER**

Division of	of Corporations	
SUM	MIT ENGINEERING GROUP, INC.	
SUBJECT:	Name of Corp	oration
DOCUMENT N	F09000002966 UMBER:	
The enclosed Stat	ement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to	the following:
	Name of Conta	ct Person
	Firm/Com	oany
	•	•
,	Addres	\$
	City/State and 2	Zin Code
-	E-mail address: (to be used for futu	re annual report potification)
	E-Man address. (to be used for face	to aimuai report normoationy
T- 6 45 1-6		
For further inform	nation concerning this matter, please call	i.
		at () Area Code & Daytime Telephone Number
Na	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departme	ent of State.
	Mailing Address	Street Address:
-	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations ·
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statut n organized under the laws of the State of Colore r registered agent, or both, in the State of Florid	ado
1. The name of	sha comparation. SUMMIT ENGIN	EERING GROUP, INC.	
2. The principal	office address: 10822 W. TOLLER	R DRIVE, SUITE 330, LITTLETON, CO 80127	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/23/2009	Document number: F09000002966	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	;
	OWEN, KENNETH		•
	2919 DELLWOOD DR		
	ORLANDO, FL 32806		37 <b>k</b>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		SEUKETART ALLAHASSE	
	C T Corporation System		23 SSE
	c/o C T Corporation System, 1200		PHIZ: BF STA ELFLOR
	P.O. I Plantation, Florida 33324	Box NOT acceptable	72: 11 ORID
The street addre	ess of its registered office and the be identical.	street address of the business office of its regis	stered agent,
		dopted by its board of directors or by an office een notified in writing of the change,	
Brook		Joseph Tamimi, Vice President	
I hereby accept I further agree to performance of	reof an officer or director  the appointment as registered ag  o comply with the provisions of a  my duties, and I am familiar with  s document is being filed merely  that the corporation has been no	rent and agree to act in this capacity. The statutes relative to the proper and complete to and accept the obligation of my position as reto reflect a change in the registered office addition in writing of this change.	gistered ress, I
By: CTCon	oration System	12/16/15	
	ature of Registered Agent	Date	
	nalf of an entity: IOAn Tolosa istant Secretary		
Ту	ped 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)