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To:

Division of

Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number

: FCA000000023 (512)418-6949

Phone

: (954)208-0845

Fax Number

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

Email Address:

REGISTERED AGENT CHANGE SUMMIT BUILDS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SUMMIT BUILDS, IN		
<u></u>	Name of Corporation	n
DOCUMENT NUMBER:	00001199	
The enclosed Statement of Chang	e of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence	concerning this matter to the fe	ollowing:
B Clay Lindsay		
	Name of Contact Pers	son
Summit Builds	<u>Í</u>	
	Firm/Company	
PO Box 4283		
 	Address	
SALISBURY,	\	
	City/State and Zip Co	xle
clay.lindsay@su.	mmitbuilds.com	
E-mail addre	ss: (to be used for future and	nual report notification)
For further information concerning	 g this matter, pleлse call:	
B Clay Lindsay Jr	at ()
Name of Contact	Person Ar	ea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made	payable to the Department of	State.
Mallino	 Address:	Street Address:
Amendr	Address: neut Section	Street Address: Amendment Section
	of Corporations	Division of Corporations
P.O. Bo	x 6327	Clifton Building
Tallahas	see, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301
CR25645 (03/12)		

FLODE - 05/16/10.3 Walters Blower Califor

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

		ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of North Carolina	
	- 11	stered office or registered agent, or both, in the State of Florida,	
	li .		
1. The name of	the corporation:	MMIT BUILDS, INC.	
2. The principal	office address: 120	East Council Street, Suite 100, Salisbury, NC 28144	
3. The mailing a	ddress (if different): PO Box 4283 Salisbury NC 28145	
4. Date of incon	poration/qualificați	on: 03/19/2012 Document number: F12000001199	
5. The name and Florida Depar	street address of the timent of State: (If	he current registered agent and registered office on file with the resigned, enter resigned)	ן טבו
	NATIONAL CORI	PORATE RESEARCH, LTD. INC.	
	155 OFFICE PLAZ	CA DRIVE	
	TALLAHASSEE	FL 32301	_a
6. The name and (if changed):	street address of t	he new registered agent (if changed) and for registered office	<u>`</u> ₹
	C T Corporation Sy	stem	
	c/o C T Corporation	System, 1200 South Pine Island Road	
	Discours Discours	P.O. Box NOT exceptable	
	Plantation, Florida	33524	
as changed with	be identical.	office and the street address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by re- ic hoard, or the cor	lolution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.	
ROX	}	B Clay Lindsay Jr President	
	हि औं भा स्मित्य में स न्दर्शन	· · · · · · · · · · · · · · · · · · ·	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as to comply with the my duties, and I are is decument is bein that the corporation	registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of mv position as registered ig filed merely to reflect a change in the registered office address, I in has been notified in writing of this change.	
	poration System	09/06/2017	
- Jeny	sature of Registered Agen	Date	
If signing on bel	half of an entity:		
Jenifer Vinc	ent, VP & Asst.	II Şec.	
Ту	ped or Printed Name	 	
		* * * FILING FEE: \$35.00 * * *	
1.4	MAKE CHEC	II SAS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
CR2E045 (03/12)	WOISIAIT TO AND STATE	CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	