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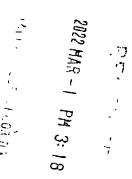
(Requestor's Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 517002 8361153 AUTHORIZATION : COST LIMIT : \$35.00 ORDER DATE: February 28, 2022 ORDER TIME : 1:52 PM ORDER NO. : 517002-004 CUSTOMER NO: 8361153 CHANGE OF AGENT NAME: SUMMIT ASSEMBLY, INCORPORATED PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of <u>CC</u> registered agent, or both, in the State of Flo	DLORADO
	the corporation: SUMMIT ASSEME		
2. The principal	office address:Ave Louisville, CO 80027		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/03/2014	Document number: F1400000	0989
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with esigned)	
	NRAI SERVICES, INC)n92
	1200 SOUTH PINE ISLAND RO	AD	- 8911 Zou?
	PLANTATION	FL 33324	<u>.</u>
6. The name and (if changed):	d street address of the new registere Corporation Service Company	d agent (if changed) and /or registered office	e . -
	1201 Hays Street		
		PO Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its r	egist ere d agent.
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an of sen notified in writing of the change.	ficer so
		Tisa Wiens	600
I hereby accept I further agree to of my duties, an document is bei corporation has	e of an officer or director the appointment as registered age to comply with the provisions of a the different and the provisions of a the different and the provisions of a the different action to reflect a change to been notified in writing of this cla to Service Company	(Printed or typed name and tale ent and agree to act in this capacity. It statutes relative to the proper and complete obligation of my position as registered as in the registered office address, I hereby hange.	ete performance gent. Or, if this confirm that the
By: X	CALL DE	03/01/2022	
If signing on be	half of an entity:	Date	
	Asst. Vice President		
Tr _i	yped or Printed Name	IC PPP, 676 00 + 4 +	
	* * * FILIN	IG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314