(Re	equestor's Name)	
(Ad	ldress)	***
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒#</i> )
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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SUMMA PROPERTIES OF MIAMI, TUR. (Name of Corporation)
DOCUMENT NUMBER: 699194
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:
Name of Contact Person)
(Name of Contact Person)
SUMMA PROPERTIES OF MIAMI, INC
(Fittii/Company)
2855 LE JETHE PO
Address)
City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305, 520-2454)  (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

## 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SUMMA PROPERTIES OF MIAMI, THE.	
2. The principal office address: A855 LE JEUNE ROAD, 4th FLOOR.	
CORAL GABLES, FL 33134	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/2/1984 Document number: 699/94	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
DENNIS OLLE ESQ =	
100 S.E. 200 ST.	7
100 S.E. 200 ST.  MIAMI FL 33/31  MIAMI FL 33/31	-
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
JOHN LOWERLY JR.	
JOHN LOWELL JTR. 2855 LE JEUNE RD, 4 <sup>TH</sup> FLOOR (P.O. Box NOT acceptable)	
CORAN GABLES, Fh 33134	
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)  JOHN HOWERK, TR  (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.	
John Mully 9-4-07	
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:	
in organing on contain or an entity.	
(Typed or Printed Name)	

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