## L0000002440

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## COVER LETTER

	: Registration Section Division of Corporations							
SUBJECT: Summit Group Management, LLC Name of Limited Liability Company								
Dear Sir	r or Madam:							
The enc	losed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing						
		•						
Please re	eturn all correspondence concerning this matte	er to the following:						
JULIE SCHULZ								
	Name of Person							
	SUMMIT GROUP MANAGEMENT, LLC Firm/Company	·						
	company							
	3427 BANNERMAN ROAD, SUITE	D208						
	Address							
	TALLAHASSEE FL 32312  City/State and Zip Code							
	City/state and Zip Code	•						
	julie.schulz@summitgroup.bi	z						
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	JULIE SCHULZ at (	850_)219-8207						
	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	MAILING ADDRESS:						
	Registration Section	Registration Section						
	Division of Corporations	Division of Corporations						
	Clifton Building	P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
	Enclosed is a check for the following amount:							
	▼ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INIIS18	3 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Summit	Gr	)up	Management, LLC
2. (	a)	3427 BANNERMAN ROAD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	342	5 BANNERMAN ROAD  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		SUITE D208		SUI	TE 105-428
		TALLAHASSEE FL 32312		TAL	LAHASSEE FL 32312
		3/02/2000	_	<u></u>	00000002440
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	SUMMIT GROUP INTERNATIONAL MANACE Registered Agent and Registered Office shown on the records of the			
		_2073_SUMMIT_LAKE_DRIVE_ Registered Office Address (MUST BE FLORIDA STREET A)	17 M.L.		
		SUITE 155			
		TALLAHASSEE, FL_	_323.1	7	
(	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			AH 7: 50
		3427 BANNERMAN ROAD, SUITE D208			
		NEW Registered Office Address:			
		MALI AUA CORR			<del></del>
		TALLAHASSEE , FL	3231	2	<del></del>
the age was	cha nt v s/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regis bility co `the lim	tered ompany ited lia	office and the business office of the registered t, it is hereby confirmed that the change(s) bility company or as otherwise provided in
		while wall		CLA	UDE R. WALKER
I he pro the to n	erei visi obl nere ified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha in writing of this change.	ee to act performe for in C ereby co	in this ince of haptei infirm	Printed or typed name of signee capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Sig	natu	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00