

206000085216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

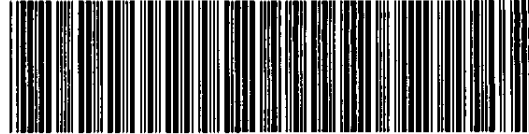
Special Instructions to Filing Officer:

A. LUNT

JUN - 8 2010

EXAMINER

Office Use Only



300208431473

06/06/11--01007--002 \*\*25.00

2011 JUN -6 PM 1:49  
FALL KASSEE FILED

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUMMIT INVESTMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALE JULIUS

Name of Person

SUMMIT INVESTMENT LLC

Firm/Company

13244 TELECOM DRIVE

Address

TEMPLE TERRACE FLORIDA 33637

City/State and Zip Code

bayareapharmacy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALE JULIUS

Name of Person

at ( 813 )

758-4867

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2011 JUN -6 PM 1:49  
TALLAHASSEE FLORIDA

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: SUMMIT INVESTMENT LLC

2. (a) Principal office address of limited liability company: 13244 TELECOM DRIVE

(Note: **MUST BE STREET ADDRESS**) TEMPLE TERRACE FLORIDA 33637

(b) Mailing address of limited liability company: 13244 TELECOM DRIVE

(Note: **MAY BE POST OFFICE BOX**) TEMPLE TERRACE FLORIDA 33637

08/29/2006  
3. Date of filing/registration in Florida

L06000085216  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: TOSIN JULIUS

Registered Office Address: 10524 MARTINIQUE ISLE DRIVE  
TAMPA FLORIDA 33647

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** WALE JULIUS

**NEW Registered Office Address:** 13244 TELECOM DRIVE  
**(MUST BE FLORIDA STREET ADDRESS)** TEMPLE TERRACE FL 33637

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Wale Julius  
Signature of a member or authorized representative of a member

WALE JULIUS  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Wale Julius  
Signature of Registered Agent

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