

-1	
(R	lequestor's Name)
(A	ddress)
(A	ddress)
(Č	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	usiness Entity Name)
	and Alice bank
U)	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

Office Use Only

G. MCLEOD

OCT 23 2008

EXAMINER



900137119259

10/22/08--01015--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	· ·
SUBJECT: Summi (Name o	+ Realty Associates, UC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Catherine Ma (Name of Person)	
Summit Real-	ty Associates, UC
1746 Kelso Ave	enue
City/State and Zip Code)	FC 33460
For further information concerning this matter	er, please call:
Catherine Marlowe (Name of Person)	at (56) 662.6257 (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 followin	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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. Summit'R 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7 00010728 10-20-09 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: John Tallarido Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: erine Marlowe **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. limited liability company. atherine (Printed or typed name of signee) 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 statules 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.

(Signature of Registered Agent)