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COVER LETTER

Division of Corporations				
SUBJECT: Summid Hold? Name of Lin	ings VIII, LLC mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
JULIE SCHULZ				
Name of Person				
SUMMIT GROUP MANAGEMENT, LLC Firm/Company				
3427 BANNERMAN ROAD, SUITE D	0208			
Address				
TALLAHASSEE FL 32312 City/State and Zip Code				
julie.schulz@summitgroup.biz E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please				
JULIE SCHULZ at (at (850) 219-8207 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
▼ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (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	Ho	oldings VII	I. LLC
2. (a)	3427 BANNERMAN ROAD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	-	ROAD Timited liability company: E POST OFFICE BOX)
	SUITE_D208	;	SUITE 105-428	
	TALLAHASSEE FL 32312		TALLAHASSEE FL	32312
_	12/10/2007		·	122335
3.	Date of filing/registration in Florida	4.	Document nur	nber
5. (a)	SUMMIT GROUP INTERNATIONAL MANAGE	EMENT,	LLC	
	Registered Agent and Registered Office shown on the records of the I	Florida De	pt. of State:	1>10
	_2073_SUMMIT_LAKE_DRIVE			17
	Registered Office Address (MUST BE FLORIDA STREET ADD	ORESS)		
	SUITE 155			SS = Strain
				Sign Control
	_TALLAHASSEE, FL	3231.7		
41.5				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice addre	<u> </u>	5
	and of the control of		 -	4 _{مدا}
	3427 BANNERMAN ROAD, SUITE D208			
	NEW Registered Office Address:			
		· ·		
	TALLAHASSEE , FL 3	32312		
If the li	mited liability company is not organized under the laws of	of the St	ate of Florida, it is here	by confirmed that after
the cha	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabil	e register	red office and the busin	ess office of the registered
was/we	re authorized by an affirmative vote of the members of the	he limite	d liability company or a	as otherwise provided in
the arti	cles of organization or the operating agreement of the lim	nited liab	pility company.	•
	MILLA		CLAUDE R. WALK	
	ure of a member or authorized representative of a member		Printed or typed	C
provisi the obli- to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for ly reflect a change in the registered office address, I her it is writing of this change.	to act in rformand or in Cha eby conf	this capacity. I further ce of my duties, and I a upter 605, F.S. Or, if th irm that the limited lial	r agree to comply with the m familiar with and accept tis document is being filed bility company has been
Signatur	e of Registered Agent			