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COVER LETTER

TO:	Division of Corporations						
SUBJI		<u> </u>	roup, LLC				
	Name o	of Limit	ed Liability Company				
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered Office	Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning this r	natter to	the following:				
	JULIE SCHULZ						
	Name of Person						
	SUMMIT GROUP MANAGEMENT, Firm/Company	LLC					
	3427 BANNERMAN ROAD, SUIT	E Đ2	08				
	Address						
	TALLAHASSEE FL 32312						
	City/State and Zip Code		Managara Agantaga				
	julie.schulz@summitgroup. E-mail address: (to be used for future annua						
	JULIE SCHULZ Name of Person	at (950) 219-8207 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:							
	S25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHSI	8 (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	nme of the limited liability company: TIEVVA	Vist	a Group.	LLC
	3427 BANNERMAN ROAD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3425 BANNERMA Mailing address	AN ROAD s of limited liability company: Y BE POST OFFICE BOX)
	_SUITE_D208		SUITE 105-428	3
	TALLAHASSEE FL 32312		TALLAHASSEE E	FL 32312
_	7/28/2008		L080000	
3.	Date of filing/registration in Florida	4.	Document i	number
5. (a)	SUMMIT GROUP INTERNATIONAL MANA Registered Agent and Registered Office shown on the records of the			
	2073 SUMMIT LAKE DRIVE Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		17 J SECR
	SUITE 155			
	TALLAHASSEE, FL	3.23.1.7		SSET OF THE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:	AH 7: 01 C. FLORIDA
	3427 BANNERMAN ROAD, SUITE D208 NEW Registered Office Address:	1		
	TALLAHASSEE ,FL	32312		
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registed the second the secon	ered office and the bus apany, it is hereby con ed liability company o	siness office of the registered of the registered of that the change(s)
	Caplelle		CLAUDE R. WAI	LKER
_	ture of a member or authorized representative of a member		,,	ped name of signee
I here provisi the obi to mer notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act i performar I for in Ch iereby con	n this capacity. I furti ice of my duties, and I iapter 605, F.S. Or, ij ifirm that the limited I	her agree to comply with the I am familiar with and accept I this document is being filed iability company has been
Signatur	un of Deviatored Asset			