## 4400050014

(Re	equestor'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:							
J DENNIS							
JUL 1 4 2023							

Office Use Only



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FILED FILED STATION 45

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## 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.	Name of the limited liability company:			Summit Resources, LLC		
2. (a)		Principal office address of limited liability company:		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		(Note: MUST BE STREET ADDRESS)  Tampa, FL 33611			(Sale: SIAT BE TOST OF)	
		3/25/2014			L14000050014	
3.		Date of filing/registration in Florida		4.	Document number	
5.	(a)	Cogency Global Inc.				
		Registered Agent and Registered Office shown on the rec  Registered Office Address	ords of the	· .	State:	
				<u>DKL337</u>		
		115 N Calhoun St Suit Tallahassee		32301	<u> </u>	
(h)	(h)	William Tucker	,		_	RECRETARY CO.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Res</u>	gistered Of	ffice <u>address</u> :		ARCH CARE
		5001-F Pilgrim Parkway				GRAPH 3 A
		NEW Registered Office Address:				OF STATION
		Татра	FL	33611		- `
the age wa the /s	cha ent v s/we arti / Wil	imited liability company is not organized underinge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement than Tucker	ress of the nited liabilinbers of the of the lift	e registered of ility company, the limited liab nited liability William To	ffice and the business office it is hereby confirmed that to bility company or as otherwise company.  ucker Authorized Person  Printed or typed name of sign	of the registered he change(s) se provided in
pro the to i	visi obl nere	by accept the appointment as registered agent a ons of all statutes relative to the proper and con igations of my position as registered agent as p ely reflect a change in the registered office add I in writing of this change.	ma agree mplete pe rovided f ress, I hei	to act in this or formance of sor in Chapter reby confirm to	capacity. I further agree to a my duties, and I am familiar 605, F.S. Or, if this docume hat the limited liability comp	comply with the with and accept on is being filed oany has been
		iam Tucker				
Siz	enatu	re of Registered Agent				