

L14000 107160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

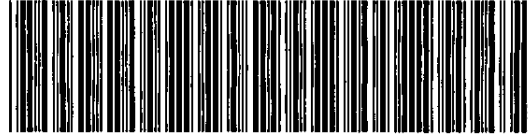
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUMMIT OFFROAD LLC

DOCUMENT NUMBER: L14000103160

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAL LINDGREN

Name of Contact Person

SUMMIT OFFROAD LLC

Firm/ Company

14056 SE 21ST AVE

Address

STARKE, FL 32091

City/ State and Zip Code

LTMIKE@EMBARQMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL LINDGREN

Name of Contact Person

at (904) 964-1496

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Offroad LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
14056 SE 21st Ave
Starke, FL 32091

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Same
Same

06/27/2014

L14000103160

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1201 Hayes Street

Tallahassee, FL 32301

(b) Michael Lindgren

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

14056 SE 21st Avenue

Starke, FL 32091

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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Michael Lindgren

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 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 605, 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00