## L17 000078855

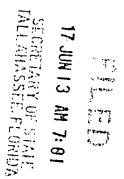
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Bannerman North Name of Limite	d Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
JULIE SCHULZ  Name of Person				
SUMMIT GROUP MANAGEMENT, LLC Firm/Company				
3427 BANNERMAN ROAD, SUITE D20 Address	8			
TALLAHASSEE FL 32312 City/State and Zip Code				
julie.schulz@summitgroup.biz E-mail address: (to be used for future annual report r	notification)			
For further information concerning this matter, please call:				
JULIE SCHULZ at (	850 ) 219-8207  Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301  Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
\$25 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	ime of the limited liability company: <b>Burnew</b>	ian North 1, L	
2. (a)	3427 <u>BANNERMAN ROAD</u> Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address	N_ROAD of limited liability company: BE POST OFFICE BOX
	SUITE D208	SUITE 105-428	
	TALLAHASSEE FL 32312	TALLAHASSEE F	L 32312
3.	Date of filing/registration in Florida	4. Document no	378855 umber
5. (a)	SUMMIT GROUP INTERNATIONAL MANAGE Registered Agent and Registered Office shown on the records of the		
	_2073_SUMMIT_LAKE_DRIVE Registered Office Address		SE TALL
	SUITE 155		
	TALLAHASSEE	_32317	N ISSE
(b)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>		AN TONIE
	3427 BANNERMAN ROAD, SUITE D208  NEW Registered Office Address:	<u> </u>	
	TALLAHASSEE , FL		
the ch agent was/w	limited 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 liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office and the bus ability company, it is hereby conf if the limited liability company of	iness office of the registered firmed that the change(s)
	Chille	CLAUDE R. WAL	
I here provis the obtoning to men	aure of a member or authorized representative of a member  by accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete iligations of my position as registered agent as provide yely reflect a change in the registered office address, I lead in writing of this change		ed name of signee her agree to comply with the am familiar with and accept this document is being filed ability company has been
Signat	ure of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00