

L18000128144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summitt Labs, LLC
Name of Limited 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:

Scott K. Hewitt

Name of Person

Mandelbaum, Fitzsimmons, Hewitt & Cain, PA

Firm/Company

2111 West Swann Ave., Suite 200

Address

Tampa, FL 33606

City/State and Zip Code

SKH@MANFITZLAW.COM

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

For further information concerning this matter, please call:

Scott K. Hewitt

at (813) 221-0200

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Summitt Labs, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) _____
Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX) _____

6375 Harny Rd., # 106

6375 Harny Rd., # 106

Tampa, FL 33610

Tampa, FL 33610

June 19, 2020

L18000123144

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) Troy Rendules Abu-Khalil, Ahmad
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6375 Harny Rd., # 106

Tampa, FL 33610

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Scott K. Hewitt, Esq.

NEW Registered Office Address:

2111 West Swann Ave., Ste. 200

Tampa, FL 33606

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]
Signature of a member or authorized representative of a member

Abu-Khalil, Ahmad
Printed or typed name of signer

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]
Signature of Registered Agent

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 16 AM 9:17

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