(Re	questor's Name)	
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(Ād	dress)	
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2024 DEC 11 AH 11: 36

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 806777 7736597

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 3, 2024

ORDER TIME : 10:0 AM

ORDER NO. : 806777-047

CUSTOMER NO: 7736597

CHANGE OF AGENT

NAME: SUMMIT INVESTMENT ADVISORS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

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	me of the limited liability company: SUMMIT INVES	STMEN'	T /	ADVISORS	S, LLC	
2. ((a)			(b))		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	ν	/ 		limited liability company:
		200 FLORIDA AVE			55 Station	n Street	
		TAVERNIER, FL 33070			Southpor	t, CT 06890	
		05/23/2019			L19000131	1938	
3.		Date of filing/registration in Florida	4.	-		Document num	ıber
<i>5.</i>	(a)						
J.	(a)	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of Stat	te:	
		COHEN NORRIS WOLMER RAY TELEPMAN & CO	OHEN				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
		712 US HWY 1 STE 400					24
		NORTH PALM BEACH FI	33804			_	DEC -
ı	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	- E - E - E	
		Enter name of SEW Registered Agent and/or SEW Registered	i Ognce a	iut	aress:		등을 %
		Corporation Service Company					27 NID/
		NEW Registered Office Address:				•	
		1201 Hays Street				_	
		Tallahassee . FL	32301 			_	
cha age was	nge nt v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability c of the li	re 201 mi	d office an mpany, it is ited liabilit	id the business of s hereby confirm sy company or as	office of the registered med that the change(s)
1	S/ Fe	elix Charney	Fe	elix	c Charney,	Member	
S	ignat	ure of a member or authorized representative of a member				Printed or typed (name of signee
pro the to n	visio obli nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, 1 i I in writing of this change.	ree to ac perforn d for in hereby c	et i na C co	in this cap ince of my hapter 605 nfirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been
Sig	<u>X</u>	Inace C-Kubly re of Registered Agent	GRAC	E	E. KIRBY	, ASST. VICE I	PRESIDENT