119000227852

(Re	questor's Name)				
(Ad	dress)				
hA)	dress)				
(Cit	y/State/Zip/Phone	- 40			
(Cit	y/State/Zip/Pflone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Basiness Endy Hame)					
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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COVER LETTER

	sistration Section ision of Corporations				
SUBJECT:	Summation Ventures,	LLC			
SOBJIA, I.		e of Limite	l Liability Company		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to	the following:		
Michael (Gregory				
	Name of Person				
	Firm/Company				
2305 N	vermilion				
	Address				
Danville	e, IL 61832				
-	City/State and Zip Code				
Michae	l_Gregory@me.com				
E-mai	l address: (to be used for future ann	iual report n	otification)		
For further	information concerning this matter,	, please call:			
Michael G	Gregory	at (217	597 9204		
	Name of Person		Area Code & Daytime Telephone Number		
	REET/COURIER ADDRESS:		MAILING ADDRESS:		
	gistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	fton Building		P.O. Box 6327 Tallahassee, Florida 32314		
	11 Executive Center Circle lahassee, Florida 32301		Tananassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

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	ume of the limited liability company: Summatio	n Ventur	es, LLC			
2. (a)	5830 Midnight Pass Road Unit 49	(b) 23	(b) 2305 N Vermilion			
4. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing addre	ss of limited liabi Y BE POST OF I		
	Sarasota, Florida 34242	<u>D</u> ;	anville, IL 618	32		•••
	9/9/2019		9000227852			
3.	Date of filing/registration in Florida	4.	Document	number		
5. (a)	Berlin Patten Ebling, PLLC			<u>ئ</u> ر 	201	
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dep	L of State:	≥.	2019 OCT	-
	3700 S Tamiami Trail, STE 200					• • • •
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		MHASSEE	16 PM	
	Sarasota , FI	34239		(A) (A)	<u>6: -</u>	رهاش. الحاش
(b)	Registered Agents Inc.			: .	0 0	
` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	į.			
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300	_				
	St. Petersburg, Fi	33702				
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the lattice of a member or authorized representative of a member	f the registere iability comp of the limited a limited liabi	ed office and the bi any, it is hereby co I liability company lity company.	usiness office onfirmed that to or as otherwise	of the r he char se provi	egistered ige(s)
				yped name of sig		
I here provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l	ree to act in t e performanc ed for in Cha hereby confi	this capacity. I fur e of my duties, and pter 605, F.S. Or, rm that the limited	rther agree to I I am familiar if this docume Vliability comp	comply with ar ent is be cany ha	with the nd accept ing filed s been

- Assistant Secretary

notified in syriting of this change.

Signature of Registered Agent

Bill Havre