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2024 DEC 11 PM12: 45 SECRETARY OF STATE TALLAHASSEE, FL

2024 DEC 11 AM 11: 35

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## CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000001	95			
REFERENCE	:	806777	7736597			
AUTHORIZATION	:					
COST LIMIT	:	\$25.00	-100	,		
December 3, 2024			The state of	E NO	<b>-</b>	,
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SUMMIT TAVERN	IÉR	A LLC				
	REFERENCE AUTHORIZATION  COST LIMIT  December 3, 2024  10:08 AM  806777-061  7736597  CHANGE OF A	REFERENCE : AUTHORIZATION : COST LIMIT : December 3, 2024 10:08 AM 806777-061 7736597 CHANGE OF AGEN	REFERENCE : 806777  AUTHORIZATION :  COST LIMIT : \$25.00  December 3, 2024  10:08 AM  806777-061	COST LIMIT : \$25.00  December 3, 2024  10:08 AM  806777-061  7736597  CHANGE OF AGENT	REFERENCE : 806777 7736597  AUTHORIZATION :  COST LIMIT : \$25.00  December 3, 2024  10:08 AM  806777-061  7736597  CHANGE OF AGENT  TALLAHASSEE, FL	REFERENCE : 806777 7736597  AUTHORIZATION :  COST LIMIT : \$25.00  December 3, 2024  10:08 AM  806777-061  7736597  CHANGE OF AGENT  CHANGE OF AGENT  TALLAHASSEE, FL

EXAMINER: \_\_\_\_

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Amanda Miller -- EXT#

CERTIFIED COPY
XX PLAIN STAMPED 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.	Na	me of the limited liability company: SUMMIT TAVE	RNIER	ΑL	LC				
2. (	(a)			(b)					
. ,	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_			Mailing address of limite (Note: MAY BE POS	ed liability co	mpany:	
		200 FLORIDA AVE			200 FLO	RIDA AVE			
		TAVERNIER, FL 33070			TAVERN	IIER, FL 33070			
		10/29/2019		L	19000270	0712			
3.		Date of filing/registration in Florida	4.	_		Document number			
5.	(a)								
-'•	(a)	Registered Agent and Registered Office shown on the records of Hawks, Bryan	the Flori	ida l	Dept. of Stat	te:			
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>S.S)</u>		_			
		138 Simonton St					E S	202	
		Key West FI	3304	0			ECRETARY OF ST TALLAHASSEE, J	2024 DEC 11 PH12: 45	***
							AR)	=	["
1	(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office :	add	ress	_	HSS FO	70	[7
		The first of the f			<u> </u>		E,	2	(
		Corporation Service Company					₽Z	É	
		NEW Registered Office Address:				_	ĺΠ	٥.	
		1201 Hays Street				_			
		<b>-</b>	20004						
		Tallahassee FI	32301	l 		_			
cha age was	inge ent v s/we	imited 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 li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	erec con imit	l office an ipany, it i ed liabilit	nd the business office is hereby confirmed ty company or as oth	e of the regi that the cha	istered inge(s)	
		elix Charney	F	elix	Charney,	, Member			
	•	ture of a member or authorized representative of a member				Printed or typed name			
pro the to i	wisi obl. nere	by accept the appointment as registered agent and agrons 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, I is mitting of this change.	ree to a perfori d for in hereby	rct i man i Cl con	n this cap ice of my iapter 603 ifirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	re to comply viliar with a cument is b company ha	y with t ind acc eing fü as been	the rept led 1
Sig	natu	Inaca C-Kubl	GRAC	Œ I	E. KIRBY	'. ASST. VICE PRE	SIDENT		