## har 000067804

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## COVER LETTER

TO: Registration Section Division of Corporations	;
Summit II, LLC SUBJECT:	
	ed 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:
Douglas Weiland	
Name of Person	<del></del>
Summit II, LLC	
Firm/Company	
334 E. Lake Rd. #172	กล ( ) ( ) ( )
Address	
Palm Harbor, FL 34685	Ü.
City/State and Zip Code	<del></del>
dweiland@jesproperties.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Douglas Weiland 727-	409-2888
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
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.

Na	nme of the limited liability company:		_		
(a)	334 E. Lake Rd.		a	334 E. I	Lake Rd.
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,,	-)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	#172		•	#172	
	Palm Harbor, FL 34685			Palm H	larbor, FL 34685
	2/9/2021			L2100006	67804
	Date of filing/registration in Florida	4.			Document number
(a)	Douglas J Weiland				
(4)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of S	State:
	1684 Arabian Lane				دع
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS	2	
					(
	Palm Harbor	3468	ς	· <u> </u>	77
	, FI				<del>-</del> ;
(b)	Terin Barbas Cremer, Esq.				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ad:	dress:	
					a)
	NEW Pagistered Office Address				<u> </u>
	NEW Registered Office Address: 209 S. Packwood Ave.				
	207 S. Fackwood Ave.				
	Tampa , FL	3360	6		
					<del>_</del>
ie lir nge i	nited liability company is not organized under the law or changes are made, the Florida street address of the	vs of t	he :	State of F	Florida, it is hereby confirmed that after
nt w:	ill be identical. Or, in the case of a Florida limited lia	bility	cor	mnanv it	is hereby confirmed that the change(s)
/wer artic	re authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the l	imi d li	ted liabili ability co	ity company or as otherwise provided i
(				las Weilar	
gnatu	ire of a member or authorized representative of a member	_			Printed or typed name of signee
oblig ienel	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete to the proper and complete to the proper and complete to the proper agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to a perfor I for in ereby	ict i ma. i Ci coi	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with to duties, and I am Jamiliar with and acc 15, F.S. Or, if this document is being fit t the limited liability company has been
lature	70000				