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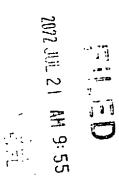
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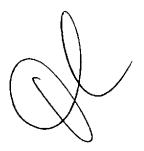
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUMMIT MAINT PRANCE SPYVICES 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:
Brent Bowles Name of Person
Summit Maintenance Services LLC
5321 Tidewater Preserve Bud
Bradenton F 34208 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OV MICHER SUM - 898-880
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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	ime of the limited liability company: SUMMIT MAIN GRAVE SEVILLS LCC
2.		(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)
		Disco 1 12 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2
		Brader 1700 (FC 34 200)
		<u>711412022</u> <u>L22000313355</u>
 3. 5. 	(a)	Date of filing/registration in Florida 4. Document number
υ.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: State: Prospect Comparison of the Florida Dept. of State: Prospect
((b) ₋	Bradenton FL 31208 Brent Bowles Enter name of NEW Registered Agent and/or NEW Registered Office address:
		5321 Tidewater Proservy Blud NEW Registered Office Address: Byadenton
cha agei was	nge nt w /we:	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company
		ure of a member or authorized representative of a member Printed or typed name of signee
pro the to n	visio obli _j iere,	ly accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
	_	Brent Lowles
111	rattir:	e of Registered Agent