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	(Requestor's Name)
	(Address)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Certified Copies	_ Certificates of Status
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Special Instructions to	Filing Officer
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/13/22

NAME: SUMMIT BUILDING SERVICES, LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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	COVER LETTER		
TO: Registration Section Division of Corporations			
Summit Building Services, LLC SUBJECT:			
	ne of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fo	ce(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the fo	llowing:	
Sharon Gray			
Name of Person		-	
Velawcity Legal Support Services			
		_	
Firm/Company			
550 Cochituate Rd, East Wing, 4th Flr, Ste 25			
Address		_	
Framingham, MA 01701			
City/State and Zip Code		_	
compliance@velawcityinc.com			
E-mail address: (to be used for future ann	ual report notific	ation)	
For further information concerning this matter.	please call:		
Sharon Gray	508	310-1001	
Name of Person	at (Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Enclosed is a check for the following	amount:		

S25 Filing Fee

□ \$55 Filing Fee & Certified 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.

Na	me of the limited liability company:	Services, LLC			
(a)	217 N. Howard Avenue, Ste. 200	(b) 217	(b)(b)		
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0)			
	Tampa, FL 33606	Tan	npa, FL 33606		
	08/23/2022	L220	00367701		
	Date of filing/registration in Florida	4.	Document number		
(a)	Bryson Raver				
(47	Registered Agent and Registered Office shown on the records of 217 N. Howard Avenue	f the Florida Dept.	. of State:		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> Suite 200	ADDRESS)	7 2		
	Tampa, Fl	L <u>33606</u>	2022 OCT		
(b)	National Registered Agents, Inc.				
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	ASSECTION		
	NEW Registered Office Address:	_			
	1200 South Pine Island Road				
	Plantation . Fl	L <u>33324</u>			
ange ent w s/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the State e registered off ability compar of the limited l	fice and the business office of the registered 19, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
1					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00