

L25190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

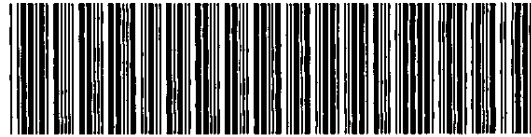
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

OCT 02 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUMMIT ASSET MANAGEMENT CORPORATION
Name of Corporation

DOCUMENT NUMBER: L25190

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charisse A. Henderson

Name of Contact Person

Summit Hotel Management Co.

Firm/Company

P O Box 33547

Address

Indialantic, FL 32903

City/State and Zip Code

summitmgt@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charisse A. Henderson

Name of Contact Person

321 725-7500

at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUMMIT ASSET MANAGEMENT CORPORATION
2. The principal office address: 122 Fourth Ave., #101
Indialantic, FL 32903
3. The mailing address (if different): P O Box 33547
Indialantic, FL 32903
4. Date of incorporation/qualification: 10-23-89 Document number: L25190
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lauren B. Koonin

122 Fourth Ave., #101

Indialantic, FL 32903

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charisse A. Henderson

122 Fourth Ave., #101

P.O. Box NOT acceptable

Indialantic, FL 32903

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Leon H. Volkert
Signature of an officer or director

Leon H. Volkert

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Charisse A. Henderson
Signature of Registered Agent

9-26-2012

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR3E045 (03/12)