

MD3000002964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 AUG 15 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**C. LEWIS
AUG 16 2011
EXAMINER**

✓
July 26, 2011

VIA US MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Summit Solutions Group, LLC**

Dear Sir or Madam:

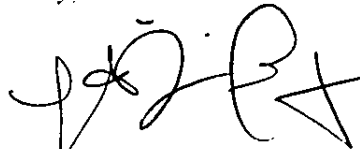
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Leena Reyes
REGISTERED AGENT SOLUTIONS, INC.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: SUMMIT SOLUTIONS GROUP, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

704 W. HOOD AVE. STE. C
SISTERS OR 97759

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

PO BOX 1224
SISTERS OR 97759

09/08/2003

3. Date of filing/registration in Florida

4. Document number

M03000002984

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Registered Agent Solutions, Inc.

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 155 Office Plaza Dr.
Suite A
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Paul R. Schneider
Printed or typed name of signer

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 608, 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.

Art Flores, Asst. Sec.
Signature of Registered Agent

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