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TO:	Amendment Section
	Division of Corporations

SUBJECT: Summerfield Master Community Association,
DOCUMENT NUMBER: NO4058
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:
Eria W Dickell, Esq.
Dickey Law Firm, PA
1020 E. TWINGS 5+ 5+e. 316
Tampa, FL 33402 City/State and Zip Code
E-mail address: (to be)used for future annual report notification)
For further information concerning this matter, please call:
EVIC DIG KULL at (813) 021-2200 Name of Contact Berson 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.
1. The name of the corporation: Summorfield Master Community Asstr. In
2. The principal office address: 13011 Summer tield Blvd.
RIVERY N.P.W. FL 35579
3. The mailing address (if different):
4. Date of incorporation/qualification: 791984 Document number: 59-2479864
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)
Erip. W. Dickey, Esq.
620 E. Twiggs St. Suite 305
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Eric W Dickey Esq
1020 E. TWI 205 St. SWITE 5110
Tampa, Fl. 33602
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.
Significant ABRUZZESE, PRESIDENT 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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