

N22000010860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

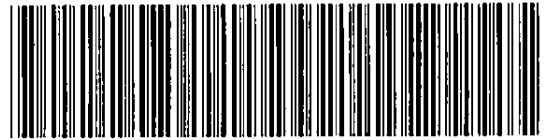
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summerbrook Commerical Property Owner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N22000010860

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:

Steven J. Longo

Name of Contact Person

Summerbrook Commercial Property Owner's Association, Inc.

Firm/Company

4053 Maple Rd, Suite 200

Address

Amherst, NY 14226

City/State and Zip Code

jzulawski@benchmarkgrp.com

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

For further information concerning this matter, please call:

Steven Longo

Name of Contact Person

at (716) 833-4986

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

**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: Summerbrook Commercial Property Owner's Association, Inc.
2. The principal office address: 4053 Maple Road, Amherst, NY 14226
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/20/2022 Document number: N22000010860
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)

Lippes Mathias LLP

10151 Deerwood Park Blvd, Building 300, Suite 300

Jacksonville, FL 32256

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

C T Corporation System

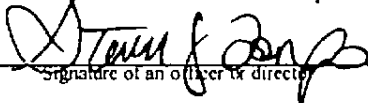
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



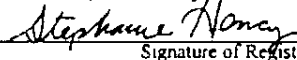
Steven J. Longo, President

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.

C T Corporation System

By:



Signature of Registered Agent

12/5/2024

Date

If signing on behalf of an entity:

Stephanie Hencz

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

CR2E045 (04/13)

2024 DEC -9 AM 11:00
FILED