P03000143214

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SECRETARY OF SIATIONS DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corp	orations	
SUBJECT:SUB	MM INVESTMENT INC	
SOBJECT.	(Name of Cor	poration)
DOCUMENT NUMBE	R: P 0300014321	4
The enclosed Statement	of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspo	ondence concerning this matter to	the following:
	YVONNE D. FOSTER LA	AING
.,	(Name of Conta	
	SUMM INVESTMENT	
	(Firm/Com	pany)
	4411 SW 49th Ave	
s	(Addres	55)
	Ocala, Fl 34474	
	(City/State and	Zip Code)
For further information of	concerning this matter, please cal	I:
YVONNE D. FO	OSTER LAING	at (352) 949 - 0979 —(Area Code & Daytime Telephone Number)
(Name of	Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 che	eck made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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TO:

Amendment Section

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 ofELORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
COMM THURSDAMENT INC
1. The name of the corporation:
2. The principal office address: 4411 SW 49th AVE
OCALA, FL 34474
3. The mailing address (if different):
Bronson, Fl 32621
4. Date of incorporation/qualification: 11/24/2003 Document number: P03000143214
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
YVONNE D. FOSTER LAING
190 N COURT STREET
BRONSON, FL 32621 6 The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Yvonne D Foster Laing
4411 SW 49th Avenue
(P.O. Box NOT acceptable)
Ocala, Fl 34474
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.
(Signature of an obticer or director) Yvonne D. Foster Laing/Director (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. If 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 natified in writing of this change.
13 - 10 - 0 6 (Signature of Hagristered Agent) (Date)
If signing on behalf of an entity: (Types 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 (8/05)