

P05000086589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

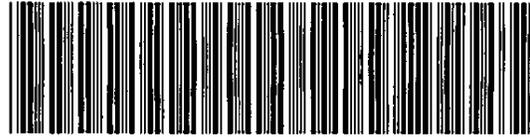
(Business Entity Name)

(Document Number)

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13 NOV -8 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
NOV 13 2013  
EXAMINER

SUMMAS STRIPING, INC.  
P.O. BOX 1781  
BOCA RATON, FL 33429  
561-338-6927 PHONE 561-368-2373 FAX

November 5, 2013

Department of State  
Attn: Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed check no. 1143 and the Statement of Change of Registered Office address. Please also change our mailing address as requested on the Cover Letter.

If you should have any questions please contact me at the number above.

Thank you,



Kim Summas  
Secretary

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUMMAS STRIPING, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P05000086589

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:

**STEPHEN SUMMAS**

Name of Contact Person

**SUMMAS STRIPING, INC.**

Firm/Company

**P.O. BOX 1781**

Address

**BOCA RATON, FL 33429**

City/State and Zip Code

**STEVE@SUMMASASPHALTCONCRETE.COM**

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

For further information concerning this matter, please call:

**STEPHEN SUMMAS**

Name of Contact Person

at ( **954** ) **8210269**

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: SUMMAS STRIPING, INC.
2. The principal office address: 1739 NW 2ND AVENUE, BOCA RATON, FL 33432
3. The mailing address (if different): P.O. BOX 1781, BOCA RATON, FL 33429
4. Date of incorporation/qualification: 6/16/2005 Document number: P05000086589
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)

STEPHEN SUMMAS

299 SW 8 TERRACE

BOCA RATON, FL 33486

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

STEPHEN SUMMAS

1739 NW 2ND AVENUE

P.O. Box NOT acceptable

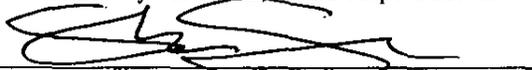
BOCA RATON, FL 33432

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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

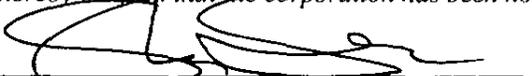
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

STEPHEN SUMMAS

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

10/31/2013

Date

If signing on behalf of an entity:

STEPHEN SUMMAS

Typed or Printed Name

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