P0900033841

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: 5	mit Software Consulting In
DOCUMENT NUMBER: POQUOC	0033841
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Peter Jan	Name of Contact Person
- Summit S	Phone Consulting Inc.
10693 W	Hes Rd #289
Coral Spi	City) State and Zip Code
E-mail address: (to be to	used for future annual report notification)
For further information concerning this matter Peter Cockson Name of Contact Person	er, please call: at (561) 376 - 1(21) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2009

PETER JACKSON 10693 WILES RD., #239 CORAL SPRINGS, FL 33076

SUBJECT: SUMMIT SOFTWARE CONSULTING INC.

Ref. Number: P09000033841

We have received your document for SUMMIT SOFTWARE CONSULTING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 909A00023343

Articles of Amendment

to

Articles of Incorporation of

Summit Software Consulbing Foc.
(Name of Corporation as currently filed with the Florida Dept. of State)
109 0000 338ui
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
SSE SSE SE
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent: Teter (aclcson
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
fill on
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

· 4		<u>Address</u>	Type of Acti
dident	'teter Jadoson	10693 Wiles Rd # Cocal Springs, Fl 331	230 X Add
-			Add Remove
	ditional sheets, if necessary). (Be		
provisio		e, reclassification, or cancellation of ent if not contained in the amendm	
provisio	ns for implementing the amendme		
provisio	ns for implementing the amendme		

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_06/29/8009
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Peter Cackson (Typed or printed name of person signing)
White of person signing)