

PD90000068036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

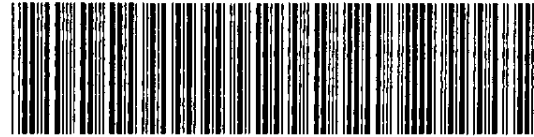
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 17 AM 11:54

RA/RD/chs  
@ 3/18/11



**NRAI  
CORPORATE  
SERVICES**

Formerly Premier Corporate Services, Inc.

200 West Adams Street, Suite 2007  
Chicago, IL 60606  
(312) 346-3606 (800) 934-2556  
Fax: (312) 346-3607

March 8, 2011

***VIA REGULAR MAIL***

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Summit Contracting Services, Inc.**

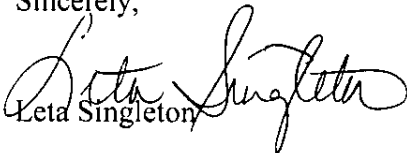
Dear Sir or Madam:

Enclosed please find a form to change the registered agent/office for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Sincerely,

  
Leta Singleton

LS/cv  
Encl.



**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: Summit Contracting Services, Inc.
2. The principal office address: 4720 Salisbury Road, Jacksonville, FL 32256
3. The mailing address (if different): .. \_\_\_\_\_
4. Date of incorporation/qualification: 8/12/2009 Document number: P09000068036
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)

John P. Bertozzi

4720 Salisbury Road

Jacksonville, FL 32256

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

John P. Bertozzi  
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.*

NRAI Services, Inc.

by:   
Signature of Registered Agent

03/07/2011  
Date

If signing on behalf of an entity:

LETA SINGLETON  
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 (8/05)

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