

P12000078759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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4/26/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Elizabeth H Summers P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P12000078759

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:

Elizabeth H Summers

Name of Contact Person

Elizabeth H Summers P.A.

Firm/Company

665 Rockport Court

Address

Marco Island, Florida 34145

City/State and Zip Code

elizabeth@endlesssummersrealty.com

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

For further information concerning this matter, please call:

Elizabeth H Summers

Name of Contact Person

at (239) 269-4230

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

**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: Elizabeth H Summers P.A.
2. The principal office address: 665 Rockport Court, Marco Island, Florida 34145
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: September 17, 2012 Document number: P12000078759
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)

Elizabeth H Summers

665 Rockport Court

Marco Island, FLorida 34145

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

Elizabeth Christine Summers

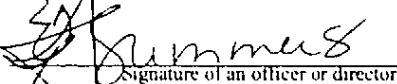
665 Rockport Court

P.O. Box NOT acceptable

Marco Island, Florida 34145

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

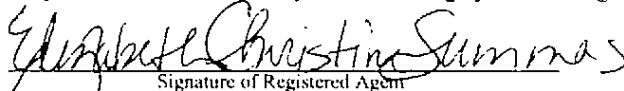
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Elizabeth H Summers, 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.

  
Signature of Registered Agent

March 30, 2021

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FL

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