P15000033062

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATIONS
16. NOV -7 PM 1: 42

NOV 10 2016

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUMMIT OF THE AMERICAS 2015 CORPORATION

Name of Corporation

DOCUMENT NUMBER: P15000033062

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:

Sheila DeLeon

Name of Contact Person

Moore & Company P.A.

Firm/Company

255 Aragon Ave., Third Floor

Address

Coral Gables FL, 33134

City/State and Zip Code

sdeleon@moore-and-co.com

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

For further information concerning this matter, please call:

Sheila DeLeon

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221-0600

Name of Contact Person

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	this	
1. The name of t	the corporation: SUMMIT OF THE AMERICAS 2015 CORPORAT	ION	
2. The principal	al office address: 119 Washington Ave.	···	
	Suite 504, Miami Beach FL 33139		
3. The mailing a	address (if different):		
4. Date of incorp	prporation/qualification: 04/10/2015 Document number: P150000330)62	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Moore & Company P.A.		
	355 Alhambra Circle #1100		
	Coral Gables FL 33134		
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	16 NOV -7	NSTAIC 1035
	255 Aragon Ave. , Third Floor	8	## #2
	P.O. Box NOT acceptable	<u>ن</u>	017 017 017
	Coral Gables FL, 33134	圣	45 A
The street address changed will	lress of its registered office and the street address of the business office of its registell be identical.	ered agen	ATTONS
	was authorized by resolution duly adopted by its board of directors or by an officer state board, or the corporation has been notified in writing of the change. In Moore & Co, P.A Authorized Representative of an officer or director. Printed or typed name and title		• • •
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as regions of the registered office address that the corporation has been notified in writing of this change.	istered ess, I	
Sig	Signature of Registered Agent //- 3 - 2016 Date		
If signing on be	behalf of an entity:		
Sheila DeL	Leon		
7	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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