P17000057160

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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUMMA Develop	ment Corporation, Inc.	
DOCUMENT NUMB		, 	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Williaam G. Tavernier		
-	***	Name of Contact Perso	n
	SUMMA Development Coro	ration, Inc.	
•		Firm/ Company	
	915 Doyle Road Suite 303-3:	51	
-		Address	1471
	Deltona, FL 32725		
-		City/ State and Zip Cod	е
	btavernier@cfl.rr.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information Pamela Maslo	concerning this matter, pleas	4073888051	7 、
Name o	f Contact Person	at (at (dc & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment to Articles of Incorporation of

	as currently filed with the Florida Dept. of State)
SUMMA Development Corporation, Inc. P1700005716	00
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
N/A	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maning address MAI BE A LOST 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 off	ice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	N) :
hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
	
	gr -
Signatur	re of New Registered Agent, if changing
	c of New Registered Agent, if Changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.	0120711777 E.S
2 The amendment(s) is are being inco pursuant to s. 607.	.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	<u>~~~~</u>	David V. Machuga	915 Doyle Rd. Suite 303-351
Add			Deltona, FL 32725
X Remove			
2) Change	<u>S</u>	Marcia Machuga	915 Doyle Rd. Suite 303-351
Add			Deltona, FL 32725
X Remove 3) Change	VTS	Pamela Maslo	915 Doyle Rd. Suite 303-351 Deltona, FL 32725
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessary).	(Be specific)		
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	provides for an excl	nange, reclassification, o	r cancellation of issued shar	es,
an amendment	nolementing the ame	endment if not contained	in the amendment itself:	
<u>provisions for in</u>	11			
<u>provisions for in</u>	cable, indicate N/A)			
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The date of each amendment(s) adoption:
June 10, 2021
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ 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 statement 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 William Tavernier - sole shareholder """
(voting group)
June 18, 2021 Dated Signature Registery
(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)
William G. Tavernier
(Typed or printed name of person signing)
President
(Title of person signing)