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(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer	
Special modules to	Timing Smoon	

Office Use Only



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I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: November 6, 2018

Order#: 427486/014

Re: SUMMIT BROKERAGE SERVICES, INC.

Enclosed please find:

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	unge is submitted for a corpora	2, 617.0502, 607.1508, or 617,1508, Flori tion organized under the laws of the State 2 or registered agent, or both, in the State	of FL
	the corporation: SUMMIT BRO		by I to tale.
2. The principal			
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 09/03/19	993 Document number: P930	000062813
	f street address of the current re rtment of State: (If resigned, ent	egistered agent and registered office on file ter resigned)	e with the
	CT CORPORATION SYSTEM	М	
	1200 S PINE ISLAND RD		701
	PLANTATION	FL 33324	TOTAL STATE OF THE PARTY OF THE
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered	I office 8 Ta 2: Q
	Corporation Service Company	у	_ ?: C
	1201 Hays Street		F
		O Box NOT acceptable	 -
	Tallahassee	FL 32301	*****
The street addre as changed will	ess of its registered office and t be identical.	the street address of the business office o	f its registered agent.
Such change wa authorized by th	is authorized by resolution dul- be board, or the corporation has	y adopted by its board of directors or by s been notified in writing of the change.	an officer so
<u> Xiee</u>	. E. agni	Jill Cilmi	Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of my duties, and I am familiar w	Printed or typed name and agent and agree to act in this capacity, of all statutes relative to the proper and continued accept the obligation of my posity to reflect a change in the registered of notified in writing of this change.	complete tion as registered
By: Linds	en M Basonie	10/25/2018	
	na(Ge of Registered Agent half of an entity:	Date	
Lindsey M. Bard	onie, Asst. Vice President		
	ned or Printed Name	<u> </u>	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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