# P96000024445

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800374923478

10/25/21--01023--008 \*\*43.75



T. LEMIEUX NOV - 3 2021

### **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: Summit Group Benefits INC	
DOCUMENT NUMBER: P 96000024445	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sherry Perri - ANZAlowe Name of Contact Person	
Summit Group Bendits Inc	
3225 South MACD: 11 Ave POB 34	a.
TAMPA FL 33629 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sherry Perri - Anzalone at (813) 361-3444  Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c	
Mailing Address Street Address	

#### 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

to

Summit Grou	3 B.	vefits	TNC	
		iled with the Florida D	ept. of State)	
P 9 6 0000 2444 5 (Document	5 nt Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Fla</i>	orida Profit Corporation	adopts the following am	endment(s)
A. If amending name, enter the new name of the corp	poration:			
			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	or "Co". A p	npany," or "incorporate professional corporation	d" or the abbreviation "C name must contain the	lorp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	RESS )			<del></del>
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered new registered agent and/or the new registered office.</li> </ul>	d office addres	s in Florida, enter the I	name of the	<del></del>
new registered agent and/or the new registered on	ince address:		2	
Name of New Registered Agent				
	(Florida street	address)	25	
New Registered Office Address:			Florida 🏂 🗻	; · [
	(C	ity)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		h and accept the obligate	ions of the position.	
Signatu	ure of New Regi	istered Agent, if changin	g	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 60	)7.0120 (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 Doc			
X Remove	<u>Y</u> <u>i</u>	Mike Jones			
X Add	<u>sv</u> :	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	7	LAWRENC	e Anzalone	12245 TRADITION	DIZ
X Add				Dode City FL 33	
Remove				<del></del>	
2) Change	7	JARED	Dorsey	12245 TRADITION	DIS
X Add			٦	DAde City, FL 335	25
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<del></del>			· · · · · · · · · · · · · · · · · · ·	
Add				<del></del>	
Remove					

Attach additional	dding additional Art sheets, if necessary).	(Be specific)			
	•	•			
·-			<del></del>		· · · · · · · · · · · · · · · · · · ·
	<del></del> -				<del></del>
		<del></del>		<del></del>	
					·
	·			·	
		<del></del>	<del></del> -	<del></del>	
f an amendment	provides for an excl	hange, reclassific	eation, or cancel	lation of issued s	haroc
provisions for in	nplementing the ame cable, indicate N/A)	endment if not co	ntained in the a	mendment itself	<u> </u>
(if not applic	able, indicate N/A)				
					1-w·
<u></u>					
			<u> </u>		

The date	of each amendment(s) ac	doption:	, if other thar
date this c	locument was signed.		
Effective	date if applicable:		· <del></del> -
		(no more than 90 days after amendment file date)	
		lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption	of Amendment(s)	( <u>CHECK ONE</u> )	
The an action	nendment(s) was/were ado was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
	nendment(s) was/were ado shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
must l	be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
•		for the amendment(s) was/were sufficient for approval	
t	ру	(voting group)	
	selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
		(Typed or printed name of person signing)	
		(Title of person signing)	

the

the