Florida Department of State Division of Corporations Electronia Filling Gover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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Email Address:			
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Page Count	02
Estimated Charge	\$25.00

SECKETARY OF STATE

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Florida.	ific IIa
1. Name of the limited liability company: Syg	THIC IIC
2. (a) 3220 FAWN HILL TRL	(b) 3220 FAWN HILL TRL
Principal office address of limited liability co (Note: MUST BE STREET ADDRES	(<u>Note: MAY BE POST OFFICE BOX</u>)
TALLAHASSEE. FL 32312	TALLAHASSEE, FL 32312
08/13/2019	L19000206477
3. Date of filing/registration in Floric	a 4. Document number
INCORD SERVICES INC	
Registered Agent and Registered Office shown on the 17888 67TH COURT NORTH	
Registered Office Address (MUST BE FLORID)	STREET ADDRESS) SSTREET ADDRESS)
LOXAHATCHEE	
Registered Agents Inc.	Sign of the state
Enter name of NEW Registered Agent and/or NEV	/ Registered Office address:
7901 4th St N	
NEW Registered Office Address:	
STE 300	
St. Petersburg	, FL_33702
the change or changes are made, the Florida street	nder the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in ment of the limited liability company.
Riber tak	Riley Park Printed or typed name of signee
Signature of a member or authorized representative of a m	I further were to comply with the
the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change.	ent and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and access as provided for in Chapter 605, F.S. Or, if this document is being file address. I hereby confirm that the limited liability company has been Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent