M02000002946

(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:		
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Office Use Only



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SECRETARY OF STAT
ALLAHASSEE, FLORI

T. HAMPTON

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EXAMINER



Corporate Filing Transmittal Form

To: Ploridu Order #: COA-8086		From: Date:	Cathi Wall October 24, 2008			
·Target Name	•		Don	n Juris		
Synter Resource Group,	LLC		,	SC		
Attached for filing, please find the following:						
	Change of R	egistered Agent				
Please return the original evi	dence to the fo	ollowing:				
Cathi Wall National Corporate Services, 2 Club Centre Court, Suite 5 Edwardsville, IL 62025	Inc.					
Special Instructions/Notes:						
Thanks!						
_						
Please Send Via:						
Email:	Fax:	☐ FedEx	⊠ Mail			
Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!						
				• · · · · · · · · · · · · · · · · · · ·		





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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability company is: Syr	ter Resource Group, LLC				
2. The mailing address of the limited liability compa	nv is :				
5935 Rivers Ave., Suite 102, Charleston, SC 29406					
11/07/2002	M02000002946				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the				
LexisNexis Document Soluti					
Nat	ne				
1201 Hays Street					
Address					
Tallahassee, FL 32301					
City, State and Zip					
City, State and Zip 6. The name and address of the new registered agent and/or office:					
NICAL DELVICES, IIIC.					
Name To D					
Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)					
Florida street address (P.O. Box NOT acceptable)					
<u> </u>	33331				
City, State	and Zip				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote				
× 1-64 Chul	<u> </u>				
(Signature of a member)	r				
John Church - Member (Printed or typed name of signee)					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con NRAI Services, Inc.	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.				
(Signature of Registered Agent) Sean L. Emerick - Assistant Secretary Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (8/05)

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