## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From.

· Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

## REGISTERED AGENT CHANGE

## SYNTER RESOURCE GROUP, LLC

Certificate of Status	0
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T. CLINE

SEP 29 2009

Electronic Filing Menu

Corporate Filing Menu

## 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. Name of the limited liability company:

Synter Resource Group, LLC

2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability compan	ny;
(Note: MAY BE POST OFFICE BOX)	
11/07/2002	M02000002946
3. Date of filing/registration in Florida	4. Document number
6. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	2731 EXECUTIVE PARK DR., SUITE 4 WESTON FL 33331
(b) Enter name of <u>NEW Registered Agent</u> an	
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	SS)
	Plantation, FI 33324 a.
and the business office of the registered agent will	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Printed or typed name of signee	<u>.                                    </u>
I hereby accept the appointment as registered age comply with the provisions of all statules relative t and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
CT Corporation System Termos Fredr	Ternell Kearnev Asst. Secretary
Signature of Registered Agent	

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

INHS18 (05/08)