

PDS0000088266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

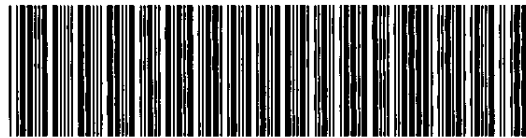
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN -7 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cynergy Link, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000088266

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Sinclair
Name of Contact Person

Cynergy Link, Inc.
Firm/Company

201 Hawthorn Hedge Lane
Address

St. Johns, FL 32259
City/State and Zip Code

corysinclair@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Sinclair at (904) 524-4276
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Cynergy Link, Inc.
- 2. The principal office address: 201 Hawthorn Hedge Lane, St. Johns, FI 32259
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 6/20/05 Document number: P05000088266

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Cory A. Sinclair
4190 Plantation Oaks Blvd., #812
Orange Park, FI 32065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
201 Hawthorn Hedge Lane
St. Johns, FI 32259
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Cory Sinclair
Signature of an officer or director

Cory Sinclair PTSD
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cory Sinclair
Signature of Registered Agent

12/26/12
Date

If signing on behalf of an entity:
Cory Sinclair
Typed or Printed Name

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