#### 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002298

Entity Name: SYNDICATED SERVICES, INC.

## **Current Principal Place of Business:**

55 INLET HARBOR ROAD SUITE 223, BOX 8 PONCE INLET, FL 32127

## **Current Mailing Address:**

55 INLET HARBOR ROAD SUITE 223, BOX 8 PONCE INLET, FL 32127 US

### FEI Number: 45-1345882

### Name and Address of Current Registered Agent:

BELL, TRACY 55 INLET HARBOR ROAD SUITE 223, BOX 8 PONCE INLET, FL 32127 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E TRACY BELL			02/16/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, TREASURER	
Name	BELL, TRACY	Name	BELL, TRACY	
Address	55 INLET HARBOR ROAD SUITE 223, BOX 8	Address	55 INLET HARBOR ROAD SUITE 223, BOX 8	
City-State-Zip:	PONCE INLET FL 32127	City-State-Zip:	PONCE INLET FL 32127	
Title	VP, DIRECTOR	Title	CEO, DIRECTOR	
Name	TAGLIA, JAMES	Name	BELL, DAVID	
Address	625 SABAL LAKE DRIVE #107	Address	55 INLET HARBOR ROAD	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	SUITE 223, BOX 8 PONCE INLET FL 32127	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: TRACY BELL

PRESIDENT

02/16/2016 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 16, 2016 Secretary of State CC9966584285