# 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 A BELL

City-State-Zip: PONCE INLET FL 32127

Electronic Signature of Signing Officer/Director Detail

03/22/2023

# 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002298

Entity Name: SYNDICATED SERVICES, INC.

#### Current Principal Place of Business:

55 INLET HARBOR ROAD SUITE 122 PONCE INLET, FL 32127

# **Current Mailing Address:**

55 INLET HARBOR ROAD SUITE 122 PONCE INLET, FL 32127 US

# FEI Number: 45-1345882

# Name and Address of Current Registered Agent:

BELL, TRACY 55 INLET HARBOR ROAD SUITE 122 PONCE INLET, FL 32127 US

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                             |                 |                                   | 03/22/2023 |
|---------------------------|--|-----------------|-----------------------------------|------------|
|                           | 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<br>SUITE 122        | Address         | 55 INLET HARBOR ROAD<br>SUITE 122 |            |
| City-State-Zip:           | PONCE INLET FL 32127                     | City-State-Zip: | PONCE INLET FL 32127              |            |
| Title                     | CEO, DIRECTOR                            |                 |                                   |            |
| Name                      | BELL, DAVID                              |                 |                                   |            |
| Address                   | 55 INLET HARBOR ROAD<br>SUITE 122        |                 |                                   |            |

Certificate of Status Desired: No

FILED Mar 22, 2023 Secretary of State 2106426740CC

Date