F11000003704

(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 STATE

T. LEMIEUX



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ben Beaver bbeaver@cscinfo.com

Date: December 4, 2014

Order#: 394749-015

Re: SYZYGY 3, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ben Beaver

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of lice or registered agent, or both, in the State of	New York		
1. The name of t	the corporation: SYZYGY 3,	INC.			
2. The principal	office address: 1350 Sixth A	venue, 2nd Floor, New York, NY 10019			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 09/13	Document number: F11000	003704		
	I street address of the current tment of State: (If resigned,	registered agent and registered office on file wenter resigned)	ith the		
	Law Offices of Paul A. Lest	ter, P.A.			
	9150 South Dadeland Boulevard, STE 1400				
	Miami	FL 33156	14 SEC TALL		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office AHARY Corporation Service Company				
	<u> </u>	апу	PH 7: OF ST S FLO		
	1201 Hays Street P.O. Box NOT acceptable P.O. Box NOT acceptable				
	Tallahassee	FL 32301	A		
The street addre as changed will	ess of its registered office an be identical.	d the street address of the business office of it	ts registered agent,		
Such change wa authorized by th	s authorized by resolution de board, or the corporation l	uly adopted by its board of directors or by an has been notified in writing of the change.	officer so		
02	6 —	Dona Priebe	Vice President		
I hereby accept I further agree t performance of I agent. Or, if thi hereby confirm i	o comply with the provision. mv duties. and I am familiar	Printed or typed name and tile agent and agree to act in this capacity, so fall statutes relative to the proper and conviving and accept the obligation of my position erely to reflect a change in the registered officen notified in writing of this change. 12/04/2014	nplete n as revistered		
	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
Sylvia Queppet	ped or Printed Name				

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