F1700000 4017

(Requ	uestor's Name))
(Adda	ress)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

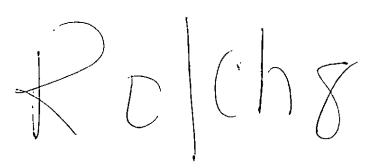
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Symanic Corporation Name of Corporation
DOCUMENT NUMBER: # 17000004017
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:
Kenneth Redersen Name of Contact Person
Firm/Company
4232 S. Franklinia street
Sat Award R FL 32092 Sen & Symar K Corp. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Kenn EHV Paker Sem at (630, 984, 5167) Name of Contact Person Area Code & Daytime Telephone Number
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

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 LLINOIS
· J. A.
1. The name of the corporation: Symark k Corporation: 2. The principal office address: 4232 S Franklinia Street 1. The principal office address: 4232 S Franklinia Street
2. The principal office address: 4232 5 Frankling Sint Angustine FL 32092
3. The maifing address (if different):
4. Date of incorporation/qualification: 8 30 17 Document number: F17000004017
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) Length Pedersen
108 Spanish Moss Lane
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Spirt Augustine FL 32092
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.
Signature of an officer or director Kenneth Teder Sev. Printed or typed name and fille
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name * * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314*

CR2E045 (03/12)