

F17060604396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2022 OCT -4 PM 4:21  
TALLAHASSEE, FL

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OCT - 5 2022

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OFFICE OF THE STATE  
CLERK



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/04/2022

Name: Greg Pintacuda

Reference #: 1793491

Entity Name: SYNACOR, INC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35

Signature: 

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SYNACOR, INC.
2. The principal office address: No Change
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: September 29, 2017 Document number: F17000004396
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)

**Corporation Service Company**

**1201 Hays Street**

**Tallahassee, FL 32301-2525**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**COGENCY GLOBAL INC.**

**115 North Calhoun St., Suite 4**

P.O. Box NOT acceptable

**Tallahassee, FL 32301**

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.

/s/ Ellen G. Purdy

Signature of an officer or director

Ellen G. Purdy CFO

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.*

/s/ Tim Mayville

Signature of Registered Agent

10/3/2022

Date

If signing on behalf of an entity:

**Tim Mayville, Assistant Secretary**

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)



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
INFO@COGENCYGLOBAL.COM  
COGENCYGLOBAL.COM

Invoice No.: 100937040  
Invoice Date: 10/4/2022

**Bill To:**

DAROB, INC.  
Robert G. Ford  
1801 RESEARCH DRIVE  
Louisville, KY 40299  
Cust. No. 01DAROBIN-ERRV4

Invoicing Office: Tallahassee, FL  
Order No.: 1804849  
Order Date: 10/04/2022  
Client Ref No.: 73817455  
Requested For:  
Service Specialist: Janelle Davis

**A 3% convenience fee will be assessed when paying by credit/debit card. To avoid the fee, choose the e-check/(ACH) option online, or remit a check with the coupon below.**  
**SEND ALL REMITTANCES TO [AR@COGENCYGLOBAL.COM](mailto:AR@COGENCYGLOBAL.COM)**

	<u>Qty</u>	<u>Disb</u>	<u>Service</u>	<u>Amount</u>
DAROB, INC.				
Illinois - Secretary of State				
Statutory Representation Reconciliation – Corp	1		199.00	199.00
Providing statutory representation from August 2022 to July 31, 2023				
<b>Total</b>				<b>\$199.00</b>

*Reasonable care is exercised in the completion of all service requests, however, as the responsibility for the accuracy of the public records rests with the filing officer, we accept no liability for the report contained herein.*

Electronic payment details: Capital One Bank | Account Name: COGENCY GLOBAL INC. | Account Number: 8064002994  
ABA: 065000090 | Swift Code: HIBKUS44

Page 1 of 1

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Cut Here and Enclose with your payment



Want to pay online? Visit <https://pay.cogencyglobal.com>

Customer No	Invoice No	Due Date	Amount Due
01DAROBIN-ERRV4	100937040	11/3/2022	\$199.00

Robert G. Ford  
1801 RESEARCH DRIVE  
Louisville, KY 40299

COGENCY GLOBAL INC.  
P.O. Box 3168  
Hicksville, NY 11802

FEIN: 13-3246732  
Fax: 800.944.6607  
Phone: 800.221.0102