J53453

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
. PICK-UP WAIT	MAIL
. (Business Entity Name)	
(Document Number)	····
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Synergistic Software Systems, Inc. (Name of Corporation)
•
DOCUMENT NUMBER: J53653
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:
G. Alan Howard, Esq.
(Name of Contact Person)
Milam Howard Nicandri Dees & Gillam, P.A.
(Firm/Company)
14 East Bay Street
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
G. Alan Howard at (904) 357-3660 (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 Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
-	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Synergistic Software Systems, Inc.
2. The principal	office address: 442-B North Third Street, Neptune Beach, FL 32266
3. The mailing a	address (if different): 442-B North Third Street, Neptune Beach, FL 32266
4. Date of incor	poration/qualification: 1/22/87 Document number: J53653
	d street address of the current registered agent and registered office on file with the rtment of State:
	Milam & Howard, P.A.
	208 North Laura Street, Suite 800
	Jacksonville, FL 32202
6. The name and (if changed):	Jacksonville, FL 32202 d street address of the new registered agent (if changed) and /or registered office Milam Howard Nicandri Dees & Gillam, P.A.
	Milam Howard Nicandri Dees & Gillam, P.A.
	(P.O. Box NOT acceptable)
	Jacksonville, FL 32202
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Jee (Signati	LEE E. WINTRODE Breitelant (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this integrated merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
6 Mit	(Patture of Registered Agent) (Date)
If signing on be	half of an entity:
_GAL	AN Howald
()	Typed or Printed Name)

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