## L05000033174

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(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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SECRETARY OF STATE TAPLINHASSEE, FLORIDA

2012 DEC 20 AM Res

J. SAULSBERRY EXAMINER

DEC 27 2012



Highland Oaks One 10150 Highland Manor Drive, Suite 300 Tampa, FL 33610-9712

December 18, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Synergy III, LLC

**FEI/EIN Number: 830425421** 

Dear Sir or Madam:

Enclosed for filing please find:

1. Statement of Change of Registered Agent for the above Limited Liability Company; and

2. The required \$25.00 filing fee made payable to Florida Department of State.

Please return all correspondence concerning this matter to the following:

Opis Management Resources, LLC Attn: LaJeana C. Deane, Corporate Paralegal 10150 Highland Manor Drive, Suite 300 Tampa, Florida 33610.

Should you have any questions, please feel free to contact me at 813-558-6646 or via email at <u>LaJeana.Deane@OpisMR.com</u>.

Sincerely.

LaJeana C. Deane. Corporate Paralegal Opis Management Resources, LLC

Opis Management Resources, LL

/lcd

Enclosures – as stated

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Synergy III, LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	10150 Highland Manor Drive		
	(Note: MUST BE STREET ADDRESS)	Tampa, Florida 33610		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10150 Highland Manor Drive Suite 300		
		Tampa, Florida 33610		
04/05/05	<u> </u>	L05000033172		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dept	t_of State	2
	Registered Agent:	Dan Dias, P.A.		<u> </u>
Registered Office Address:	Registered Office Address:	5102 West Laurel Street		2) 1
		Suite 700 Tampa, Florida 33607	<del>***</del>	ğl
(b)	Enter name of NEW Registered Agent and/or NEV	W Registered Office address	: \$ <del>2</del>	99
	NEW Registered Agent:	David Powers, Esquire	<u> </u>	30
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		7777 Glades Road		
		Suite 300 Boca Raton	,FL 33434	
confir and the liability the most the open signature.	limited liability company is not organized under the I med that after the change or changes are made, the Flee business office of the registered agent will be ident by company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.  The first a member or authorized representative of a member or typed name of signee	orida street address of the regical. Or, in the case of a Floriwas/were authorized by an afse provided in the articles of o	istered off da limited firmative rganizatio	vote of on or
	thy accept the appointment as registered agent and a y with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I oper and complete performand sition as registered agent as p rely reflect a change in the re y has been notified in writing o	further ag ce of my d crovided fo gistered o of this cha	ree to uties, or in ffice inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00