

L-090000/3057

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

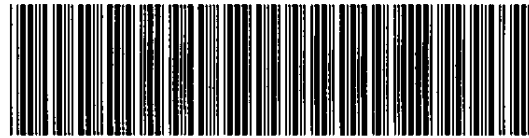
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 20 2010

EXAMINER



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10/19/10--01025--002 \*\*25.00

FILED  
10 OCT 19 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYNERGY FINANCIAL, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Arnold

Name of Person

Synergy Financial

Firm/Company

PO Box 516

Address

Driggs ID 83422

City/State and Zip Code

teton.arnold@gmail.com

E-mail address: (to be used for future Annual report notification)

For further information concerning this matter, please call:

Ryan Arnold

Name of Person

at

208 860 3836

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: SYNTERGY FINANCIAL, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: MUST BE STREET ADDRESS)

2110 MORNING SUN LANE  
NAPLES FL 34119

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: MAY BE POST OFFICE BOX)

PO Box 516, Driggs  
ID 83422

02/09/2009

L09000013057

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Lacy Arnold

Registered Office Address:

2110 Morning Sun Lane

Naples, FL 34119

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

InCorp Services, Inc.

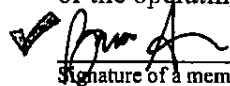
NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)


Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Bruce Arnold  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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