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COVER LETTER

	egistration Section livision of Corporations						
SUBJEC	SYNERGY TRANSFER GR	OUP,LLC					
300000		ie of Limited I	Liability Company				
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Off	īce Change an	d fee(s) are submitted for filing.				
Please ret	um all correspondence concerning th	is matter to the	e following:				
PATTER	RSON CEUS						
	Name of Person						
SYNER	GY TRANSFER GROUP,LLC						
	Firm/Company						
1821 N\	W 82 ST						
	Address						
MIAMI,	FLORIDA 33147						
	City/State and Zip Code						
synergy	brokeragegroup@gmail.com						
E-m	nail address: (to be used for future and	nual report not	ification)				
For furthe	er information concerning this matter.	, please call:					
PATTER	RSON CEUS	786	2625799				
	Name of Person		Area Code & Daytime Telephone Number				
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, Florida 32301	R D P	IAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 allahassee, Florida 32314				
E	Enclosed is a check for the following amount:						
ũ	3 S25 Filing Fee	- :	\$55 Filing Fee & Certified Copy				
INHS18 (2	2/14)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Ι.	Na	me of the limited liability company: S	YNERGY TRA	ANSF	FE	R GROU	JP,LLC	·		
2.	(a)	10201 NW 27 AVE MIAMI, FL 33	3147	ſ	b)	1821 NV	V 82 ST MIAMI,I	FL331	47	
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	.\	Mailing address of limite (Note: MAY BE POS				
		10201 NW 27 AVE				10201 N	W 27 AVE			
		MIAMI, FLORIDA 33147		-		MIAMI, F	FLORIDA 33147			
		5-17-2018			L	1800001	2779			
3.		Date of filing/registration in F	lorida	4.	_		Document number	_		
5.	(a)	PATTERSON CEUS								
	(/	Registered Agent and Registered Office shown		e Floric	da I	Dept. of State	· ::			
		1821 NW 82 ST MIAMI, FLORIC	DA 33147							
		Registered Office Address (MUST BE FLO) 1821 NW 82 ST	<u>(MUST BE FLORIDA STREET ADU</u>		<u>DRESS)</u>			25 (4) 1 15 (4)	18 HAY	٠,
		MIAMI	3	3147	7			in in	⊀ C.: 62 3	-
	(b)	JUSTIN P. CEUS							## P	:
	(0)	Enter name of NEW Registered Agent and/or	NEW Registered O	office as	ddı	ess:	•	<u>-</u> 	部	
		1821 NW 82 ST							Ğ	
		NEW Registered Office Address:					•			
		1821 NW 82 ST					-			
		MIAMI		3147	7					
the ago	cha ent y arti	imited liability company is not organize nge or changes are made, the Florida styll be identical. Or, in the case of a Florida styll be identical. Or, in the case of a Florida phorized by an affirmative vote of cless a lorganization or the operating against a member or authorized operating against a member or authorized operative or the appointment as registered on of all statutes relative to the proper regions of my position as registered against a change in the registered of the wiving of this change.	reet address of the prida limited liab the members of the liab amember	he regoility of the linited	gist zon mit Hic AT	ered office npany, it is led liability ability con TERSON	e and the business of shereby confirmed y company or as oth upany. I CEUS Printed or typed name	of signe	f the re e chang provid	gistered ic(s) led in
		of Realistant Agent	5							
	`	Division of Corpor	ations• P.O. Bo FILING FE				see, FL 32314			