

470 0000006702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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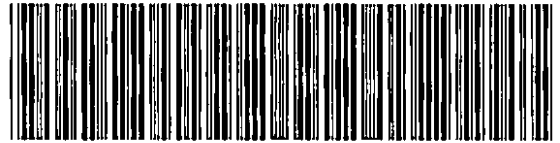
(Business Entity Name)

(Document Number)

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2020 AUG 27 A 9 46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

VS

10-12-20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: synergy automotive group 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.

samuel w johnson

Name of Person

synergy automotive group llc

Firm/Company

718 santa maria dr

Address

winter haven fl 33884

City State and Zip Code

vafruto2@aol.com

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

For further information concerning this matter, please call:

samuel johnson

Name of Person

864 377-0071

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2115 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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.

1. Name of the limited liability company: synergy automotive group llc

2. (a) 718 santa maria dr, winter haven fla 33884
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 718 santa maria dr, winter haven fla 33884
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 12/30/2019 Date of filing registration in Florida

4. 120000006702 Document number

5. (a) mary l curry
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
312 sand pine trl
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

winter haven, FL 33880

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

718 santa maria dr

NEW Registered Office Address:

winter haven, FL 33884

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]
Signature of a member or authorized representative of a member

samuel w johnson

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 605, F.S. Or, if this document is being filed to 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]
Signature of Registered Agent

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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