## LZ0000170888

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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D. BRUCE AUG 15 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Cynergy Studio LLC					
	Name of Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change ar	d fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to th	c following:			
Cynthia Bencomo					
Name of Person		<del></del>			
Cynergy Studio LLC					
Firm/Company					
14529 Knoll Ridge Dr			SEC TA	2020	
Address			RE 1/A LL AI	2020 JUN 29	- Trans
Tampa, FL 33625			PASSEE.	29 /	P
City/State and Zip Co	de		mai mai	ነካ ፡0! ዘለ	
cynthia.bencomo97@yahoo.com			TA	ţ	
E-mail address: (to be used for future	annual report not	ification)			
For further information concerning this ma	tter, please call:				
Cynthia Bencomo	813 at (	770-2952			
Name of Person		Area Code & Daytime Teleph	hone Number	Г	
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee	:			
Tallahassee, FL 32314	2415 N. Monroe Street, St	uite 810			
		Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee	٥	\$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.

(a)	Cynergy Studio LLC	(b)	Cynergy Studio LLC	
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability ( (Note: MAY BE POST OFFICE	
	14529 Knoll Ridge Dr	1	14529 Knoll Ridge Dr	
	Tampa, FL 33625		Tampa, FL 33625	
	6/26/2020	L	L20000170888	
	Date of filing/registration in Florida	4.	Document number	···
(a)	UNITED STATES CORPORATION AGENTS, INC.			
(4)	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u>.                                    </u>	
	5575 S. SEMORAN BLVD. 36		ZE CASE	2020 HIN
	Orlando	32822		
	, FL	J2022		= 7
(b)	Cynergy Studio LLC	J2022	HAS:	ე ⊣.გ. ე ; ესფი
(b)	, , , , , , , , , , , , , , , , , , , ,		HAS:	ე ⊣ ე ; მიდი
(b)	Cynergy Studio LLC		HASSE	ე ⊣ ე ; მიდი
(b)	Cynergy Studio LLC  Enter name of NEW Registered Agent and/or NEW Registered		HAS:	ე ⊣ ე ; მიდი
(b)	Cynergy Studio LLC  Enter name of NEW Registered Agent and/or NEW Registered  Cynthia Bencomo		HAS:	ე ⊣.გ. ე ; ესფი
(b)	Cynergy Studio LLC  Enter name of NEW Registered Agent and/or NEW Registered  Cynthia Bencomo  NEW Registered Office Address:		HAS:	ე ⊣.გ. ე ; ესფი
the l ange ent v	Cynergy Studio LLC  Enter name of NEW Registered Agent and/or NEW Registered  Cynthia Bencomo  NEW Registered Office Address:  14529 Knoll Ridge Dr	33625 ws of the So registered ability comof the limite	State of Florida, it is hereby confirmed to doffice and the business office of the rempany, it is hereby confirmed that the classical to the distribution of the rempany of as otherwise process.	that after than the desired than the des

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 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