

L23000213069118  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : TAX LINKS CONSULTANTS LLC  
Account Number : I20220000146  
Phone : (407)270-4846  
Fax Number : (407)270-4846

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
SYNCHROS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 JUN 13 PM 6:12

11-1

### 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: SYNCHROS LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
\_\_\_\_\_

3. 05/01/2023 Date of filing/registration in Florida 4. L23000267118 Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1015 VERONA ST  
KISSIMMEE, FL 34741

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

NEW Registered Office Address:  
9842 QUAIL COVE CT  
WINDERMERE, FL 34786

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.

Ronald Silva Signature of member or authorized representative of a member RONALDO SILVA 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 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.*

Ronald Silva Signature of Registered Agent

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FLS