

MI 00000 6166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

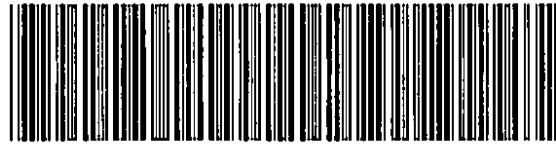
(Document Number)

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NOV 11 2020

C. GOLDEN

NOV - 6 2020



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS  
From: Ashley Seeman ashley.seeman@cscglobal.com  
Date: June 19, 2020  
Order#: 327236-016  
Re: SYNEO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Please return evidence to the following:

Attn: Ashley Seeman  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2020

ATTN: ASHLEY SEEMAN  
C/O CORPORATION SERVICE COMPANY  
251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

SUBJECT: SYNEO, LLC  
Ref. Number: M11000006166

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 620A00014954

**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: SYNEO, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

3875 Fiscal Court Suite 300

West Palm Beach, FL 33404

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3875 Fiscal Court Suite 300

West Palm Beach, FL 33404

3. 12/09/2011 Date of filing/registration in Florida

4. M11000006166 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3875 FISCAL COURT SUITE 300

WEST PALM BEACH, FL 33404

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Tyler Wackman

Signature of a member or authorized representative of a member

Tyler Wackman, Authorized Person

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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**