

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

Please retain original filing  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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

Email Address: \_\_\_\_\_

2016 AUG 22 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
SYNAPSE PRODUCT DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 18 AM 9:40

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Synapse Product Development 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:

Norine Nagel

Name of Person

CT Corporation System

Firm/Company

8020 Excelsior Drive, Suite 200

Address

Madison, WI 53717

City/State and Zip Code

Norine.Nagel@wolterskluwer.com

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

For further information concerning this matter, please call:

Norine Nagel

at ( 608 )

827-7660

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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: Synapse Product Development LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1511 - 6TH AVE FOURTH FL  
SEATTLE, WA 98101

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

10/31/2013

M13000006905

3. Date of filing/registration in Florida

4. Document number

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

PARACORP INCORPORATED

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, FL 32301

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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 of a member or authorized representative of a member

Ross Collins

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.*

By: C T Corporation System

Signature of Registered Agent Jordan Brown-Asst. Secretary

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

FILED  
2016 AUG 18 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



August 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SYNAPSE PRODUCT DEVELOPMENT LLC  
1511 - 6TH AVE FOURTH FL  
SEATTLE, WA 98101

SUBJECT: SYNAPSE PRODUCT DEVELOPMENT LLC  
REF: M13000006905

**\*RE-SUBMIT\***

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: B16000204881  
Letter Number: 916A00017621

2016 AUG 22 AM 10:49

TALLAHASSEE, FLORIDA