M1500001410

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to Filing Officer:								
	·							

Office Use Only



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MAY 11 2017 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: May 5, 2017

Order#: 626422-020

Re: SYNOWLEDGE, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.0.

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: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 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

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.	Na	me of the limited liability company: _SYNOWLEDGE,	LLC					
2.	(a)	55 Old Field Point Road Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:				
				(Note: MAY BE POST OFFICE BOX)				
		Floor 2	_	Floor 2				
		Greenwich, CT 06830		Greenwich,	СТ	0683	30	
		02/20/2015		M150000014	410			
3.		Date of filing/registration in Florida	4.	Do	ocument number			
5. (a	(a)	NRAI Services, Inc	•					
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)					
					Σ_{ϕ}			
						7 1		
		Plantation , FL	33324			AVH		
(SS	9	Mandelli a Žijeli electri	
	(b)	Corporation Service Company	 	·· ····		200	di Stopac	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	'ess':		2	G & S	
		1301 House Street			\$	7: T6	Engraphic Control	
		1201 Hays Street NEW Registered Office Address:			Comment of the Commen	တ	σ,	
		Tallahassee FL	32301					
		, FL_	32301					
the age wa	char ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the li	he regist pility con the limit	ered office an npany, it is he ed liability co	nd the business office ereby confirmed that to company or as otherwi	of the	registered nge(s)	
		/s/ Dave Peters	Dave		orized Person			
		are of a member or authorized representative of a member			inted or typed name of sig			
I h pro the to not	nereh ovisio obli mere tified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act i erforma for in Cl ereby cor	n this capacit nce of my dutt napter 605, F. nfirm that the	ty. I further agree to ies, and I am familiar .S. Or, if this docume limited liability comp	comply with a ent is b cany ho	with the and accept eing filed as been	
Sig	gnatur		BY: Gra	ace E. Kirby	, Asst. Vice Preside	nt		