

MI70000007440

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TALLAHASSEE, FLORIDA
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REPLACEMENT OF STATE

K. SALY

MAY -2 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 181670 8187131

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 25, 2018

ORDER TIME : 8:47 AM

ORDER NO. : 181670-050

CUSTOMER NO: 8187131

CHANGE OF AGENT

NAME: SYNNERGY HEALTHCARE
ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNNERGY HEALTHCARE ASSOCIATES, 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:

Robert H Taggart Jr
Name of Person

Corporation Service Company
Firm/Company

251 Little Falls Drive
Address

Wilmington, DE 19808
City/State and Zip Code

rtaggartjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert H. Taggart Jr. at (303) 886 5566
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: SYNNERGY HEALTHCARE ASSOCIATES, LLC

2. (a) 2655 N OCEAN DRIVE, SUITE 500 (b) 2655 N OCEAN DRIVE, SUITE 500
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SINGER ISLAND, FL 33404

SINGER ISLAND, FL 33404

08/28/2017

M17000007440

3. Date of filing/registration in Florida 4. Document number

5. (a) GOLDBERG, RANDY M, ESQ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2655 N OCEAN DRIVE, SUITE 500

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SINGER ISLAND, FL 33404

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED
18 MAY - 1 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert H. Taggart Jr.

Robert Taggart, Jr.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Emily Croft

Emily Croft

Signature of Registered Agent Corporation Service Company BY: Asst. Vice President

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