## P03000085074

(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
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## **COVER LETTER**

TO: Amendment So Division of Co	ection rporations		
SUBJECT:	Syrus Financial	Services, Inc.	<u>.</u>
	Name of	Corporation	
DOCUMENT NUMB	er:P03	3000085074	_
The enclosed Statemen	t of Change of Registered Offi	ce/Agent and fee are submitted for	filing.
Please return all corres	pondence concerning this matte	er to the following:	
	<b>.</b>	<b></b>	
	Timm L	.ombardo	
	Name of C	ontact Person	<del>-</del>
	Syrus Financi	al Services, Inc.	
-	Firm/C	Company	-
	11555 Her	on Bay Blvd.	
-	Ad	dress	<b>-</b> ,
	Coral Sprin	gs, FL 33076 and Zip Code	
	City/State	and Zip Code	-
	timm@evruetinor	ocialsonicos com	
E-n	nail address: (to be used for	ncialservices.com future annual report notification	5
	(		,
For further information	concerning this matter, please	call:	
Tim	m Lombardo	at ( 954 ) 603	3-4130 0137
	f Contact Person	at ( 954 ) 60: Area Code & Daytime Tele	phone Number
Enclosed is a \$35.00 ch	neck made payable to the Depa	ertment of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporation	ons
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente	or Cirola
	: u::u::u::u::u::u::u:: 1 L J L J l T	AUUT EXECUTIVE CEITE	A CHILIE

Tallahassee, FL 32301

TO:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2009

Corrected = re-submitted

Jhx.

TIMM LOMBARDO SYRUS FINANCIAL SERVICES, INC. 11555 HERON BAY BLVD. CORAL SPRINGS, FL 33076

SUBJECT: SYRUS FINANCIAL SERVICES, INC.

Ref. Number: P03000085074

We have received your document for SYRUS FINANCIAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 209A00038905

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Syrus Financial Services, Inc.
2. The principal office address: 11555 Heron Bay Blvd., Coral Springs, FL 33076
3. The mailing address (if different): PO Box 8692, Coral Springs, FL 33075
4. Date of incorporation/qualification: 8/2003 Document number: P03000085074
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
A1A Registered Agent Inc.
5647 110th Ave North
Royal Palm Beach, FL 33411
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Timothy Lombardo
11555 Heron Bay Blvd.
11555 Heron Bay Blvd.  P.O. Box NOT acceptable  Coral Springs, FL 33076  The street address of its registered office and the street address of the business office of its registered agent.
Coral Springs, FL 33076  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Timm Lombardo, President Printed of typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
December 16, 2009 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*