

P08000047216

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TALLAHASSEE, FLORIDA

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Per Cuy  
11/13/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Sync Resources Inc  
(Name of Corporation)

**DOCUMENT NUMBER:**

PD800047214

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Wilhelm

(Name of Contact Person)

Sync Resources Inc

(Firm/Company)

P.O. Box 10355

(Address)

Tallahassee FL 32302-2355

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Wilhelm

(Name of Contact Person)

at

850

228-7105

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2008

SUSAN WILHELM  
P.O. BOX 10355  
TALLAHASSEE, FL 32302-2355

SUBJECT: SYNCRESOURCES, INC.  
Ref. Number: P08000047216

We have received your document for SYNCRESOURCES, 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):

The corporation may have only 1 principal place of address and 1 mailing address. Please list the new registered agent in part 6 of your form. The agent signing and the agent in part 6 must be the same.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 708A00054462

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: SynchResources, Inc
2. The principal office address: 748 Eleazer Place ~~(812 Ocean Blvd)~~ Tallahassee, FL 32312 ~~(Atlantic Beach, FL 32233)~~
3. The mailing address (if different): P.O. Box 10355  
Tallahassee, FL 32302 - 2355
4. Date of incorporation/qualification: 05/12/2008 Document number: P08000047216
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)

Carolyn Russell, (resigned)  
812 Ocean Blvd.  
Atlantic Beach, FL 32233

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUSAN E. WILHELM  
748 Eleazer Place  
Tallahassee FL 32312  
(P.O. Box NOT acceptable)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV - 7 AM 8:00

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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.

CRussell  
(Signature of an officer or director)

Carolyn Russell P  
(Printed or 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.

S E Wilhelm  
(Signature of Registered Agent)

10-10-08  
(Date)

If signing on behalf of an entity:

SUSAN E. WILHELM  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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