P110000003745

(Requestor's N	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP WA	AIT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
Certified Copies Certi	ificates of Status
Special Instructions to Filing Offic	er:

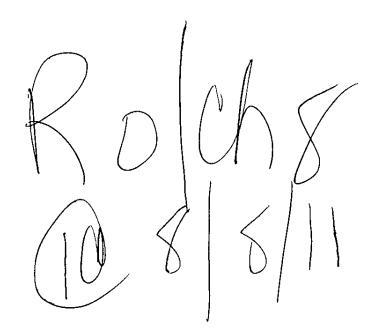
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SECRETARY OF SEATIONS
BIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SYNERGY PROCUREMENT GROUP INC. Name of Corporation
DOCUMENT NUMBER: P11000003745
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:
GOODEN, STAFFORD Name of Contact Person
SYNERGY PROCUREMENT GROUP INC. Firm/Company
5445 MURRELL RD. SUITE 102 #111
Address
VIERA FL 32955 City/State and Zip Code
staffordgooden@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GOODEN, STAFFORD at (321) 225-9054
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

1. The name	of the corporation: SYNERGY PROCU	JREMENT GROU	PINC.
2. The princi	pal office address: 5445 MURRELL RD. S	SUITE 102 #111	· · · · · · · · · · · · · · · · · · ·
VIERA	FL 32955		
3. The mailir	ng address (if different):		
4. Date of inc	corporation/qualification: 01/11/2011	Document number:	P11000003745
5. The name	and street address of the current registered ager epartment of State: (If resigned, enter resigned)		
	GOODEN, STAFFORD		
	4740 MANCHESTER DR.		
	VIERA FL 32955		
6. The name (if changed	and street address of the new registered agent (d):	if changed) and /or register	SECRETARY OF CORPORATION OF CORPORAT
	GOODEN, STAFFORD		
	5445 MURRELL RD. SUITE 102 #		B
	P.O. Box NOT ac VIERA FL 32955	сертавіе	RAITO 1
The street ac	Idress of its registered office and the street advil be identical.	dress of the business office	e of its registered agent,
Such change	was authorized by resolution duly adopted by the board, or the corporation has been notif	y its board of directors or ied in writing of the chang	by an officer so
Stall	111_	Stafford G	Gooden
// /°	wive of an officer of director ept the appointment as registered agent and a ee to comply with the provisions of all statute and I am familiar with and accept the obliga being filed merely to reflect a change in the r has been notified in writing of this change.		
document is corporation	/ //_	8/3/20	
document is corporation			
document is corporation	Signature of Registered Agent	Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)