

P110000003745

(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



600210574216

600210574216
08/08/11--01003--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 8 AM 10:15

Rolch
@ 8/8/11

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
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

**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: SYNERGY PROCUREMENT GROUP INC.

2. The principal office address: 5445 MURRELL RD. SUITE 102 #111
VIERA FL 32955

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/11/2011 Document number: P11000003745

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)

GOODEN, STAFFORD

4740 MANCHESTER DR.

VIERA FL 32955

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

GOODEN, STAFFORD

5445 MURRELL RD. SUITE 102 #111

P.O. Box NOT acceptable

VIERA FL 32955

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG - 8 AM 10:15

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.



Signature of an officer or director

Stafford Gooden

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.



Signature of Registered Agent

8/3/2011

Date

If signing on behalf of an entity:

Typed or Printed Name

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