

P12000045907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

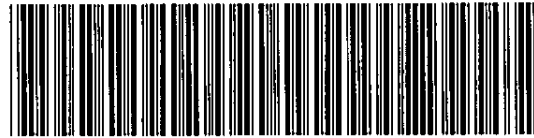
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263154491

09/02/14--01006--010 **35.00

RA
Cacase

FILED
2014 SEP 22 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2014

Ruth V. Robert
Synergy Multiservices Inc
P.O. Box 551694
Miami Gardens, FL 33055

SUBJECT: SYNERGY MULTISERVICES INC
Ref. Number: P12000045907

We have received your document for SYNERGY MULTISERVICES 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 form that you submitted is incomplete. The 2nd & 3rd pages are missing. If you are ONLY changing the registered agents' address please fill out the enclosed registered agent change form.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00018663

RECEIVED
14 SEP 22 PM 2:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Synergy Multiservices Inc
Name of Corporation

DOCUMENT NUMBER: P12000045907

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:

Ruth V Robert
Name of Contact Person

Synergy Multiservices Inc
Firm/Company

P.O. Box 551694
Address

Miami Gardens, FL 33056
City/State and Zip Code

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

For further information concerning this matter, please call:

Ruth V Robert at (754) 245-0395
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 Multiservices Inc
2. The principal office address: 17641 NW 27th Ave
Miami Gardens, FL 33056
3. The mailing address (if different): P.O. Box 551694
Miami Gardens, FL 33056
4. Date of incorporation/qualification: June 2012 Document number: P12000045907
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)

Ruth V Robert.
17641 NW 27th Ave
Miami Gardens, FL 33056

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

Ruth V Robert
17641 NW 27th Ave
Miami Gardens, FL 33056

P.O. Box NOT acceptable

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]
Signature of an officer or director

Ruth V Robert President
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]
Signature of Registered Agent

9/17/2014
Date

If signing on behalf of an entity:

Ruth V Robert
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 (03/12)

FILED
20th SEP 22 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA