

P160000 43796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

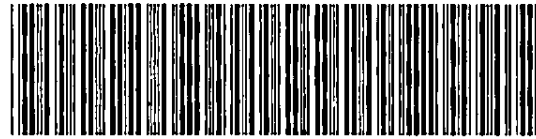
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900323890009

FILED
TALLAHASSEE, FL

2019 JAN 30 PM 3:53

FILED

01/30/19--01022--026 **105.00

01/30/19
FATHC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Syn-Thatch of Florida, INC.
Name of Corporation

DOCUMENT NUMBER: P16000043796

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:

Christina E. Fuller
Name of Contact Person

Syn-Thatch of FL - INC.
Firm/Company

4007 SW Cherokee ST
Address

Palm City, FL 34990
City/State and Zip Code

lighthouselands@bensouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina E. Fuller at (561) 866-5924
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: SYP-Thatch of Florida, INC.
2. The principal office address: 4007 SW Cherokee ST
Palm City, FL 34990
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 5/16/16 Document number: P16000043796

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)

Christina E. Fuller

9539 Newport Rd

Boca Raton, FL 33434

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

Christina E. Fuller

4007 SW Cherokee ST.

P.O. Box NOT acceptable

Palm City, FL 34990

FILED
2019 JAN 30 PM 3:53
TALLAHASSEE, FL

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.

Christina E. Fuller P.

Signature of an officer or director

Christina E. Fuller Pres.

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.

Christina E. Fuller

Signature of Registered Agent

1/24/19

Date

1/24/19

If signing on behalf of an entity:

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)