# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEGAN CHRISTINA SAWYER

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P02000017262

#### Entity Name: SYNERGY BENEFITS CONSULTING, INCORPORATED

#### Current Principal Place of Business:

1181 S. SUMTER BLVD SUITE 410 NORTH PORT, FL 34287

#### **Current Mailing Address:**

1181 S. SUMTER SUITE 410 NORTH PORT, FL 34287 US

#### FEI Number: 41-2027822

### Name and Address of Current Registered Agent:

SAWYER, MEGAN C 4428 JASLO AVENUE NORTH PORT, FL 34286 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitlePNameSAWYER, MEGAN CAddress1181 S. SUMTER BLVD SUITE 410City-State-Zip:NORTH PORT FL 34287

Date

FILED Jan 28, 2020 Secretary of State 7136396604CC

Certificate of Status Desired: Yes

PRESIDENT