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: CORAY WARD

Electronic Signature of Signing Officer/Director Detail

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000017718

Entity Name: SYNERGY CORE INC.

#### **Current Principal Place of Business:**

50 NORTH LAURA STREET STE 2500 JACKSONVILLE, FL 32202

### **Current Mailing Address:**

411 WALNUT STREET # 13687 GREEN COVE SPRINGS, FL 32043 US

### FEI Number: 82-4534359

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WARD, CORAY A 411 WALNUT STREET # 13687 GREEN COVE SPRINGS, FL 32043 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:

## Officer/Director Detail ·

Sincendirector Detail.			
Title	Ρ	Title	VP
Name	WARD, CORAY A	Name	WARD, ANITA N
Address	411 WALNUT STREET # 13687	Address	411 WALNUT STREET # 13687
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

FILED Apr 27, 2021 Secretary of State 3636009711CC

Certificate of Status Desired: Yes

PRESIDENT 04/27/2021

Date

Date