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| Untional Corp. Research, (Requestor's Name) | | | | | | |
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| 212 S. tryon St. (Suite# | | | | | | |
| (460) | | | | | | |
| charlotte, NC 28281 | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
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NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

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March 3, 2011

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Noah's GP, Inc.

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Lucy Dawson

Client Service Specialist

ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of the corporation: | • | or both, in the State | - | | |
|--|---|---|--|--|-------------|
| | Noah' | s GP, Inc. | | | |
| . The principal office address: | | | - | | |
| 30435 Hwy 281 North | | Bulverde | | TX | 78163 |
| . The mailing address (if different): | | | | | |
| 30435 Hwy 281 North | | Bulverde | | | 78163 |
| . Date of incorporation/qualification: | 01/30/2003 | Document numb | er: F | 0300000 | 0494 |
| The name and street address of the curre Florida Department of State: | ent registered age | nt and registered off | ce on file with | the | |
| <u></u> | C T CORPORA | TION SYSTEM | | | divis |
| 12 | 200 SOUTH PIN | E ISLAND ROAD | | | 11 HAR -8 |
| PLANTATION | FL 33324 | | | | 70 0 |
| The name and street address of the new (if changed): | registered agent (| (if changed) and /or r | egistered offic | ce | 8 AH 10: 58 |
| Natio | onal Corporate | Research, Ltd., In | c. | | 8 |
| | 515 East P | ark Avenue | | | |
| | (P.O. Box NO | Tacceptable) | | | |
| Tallahas | 888 | Fiorida | 32301 | | |
| | | | CC C : | registere | i agent, |
| he street address of its registered office schanged will be identical. | and the street ac | ldress of the busines | s office of its | registere. | • |
| | | | | | |
| _ | | | | | CHAN C |
| uch change was authorized by resolution athorized by the board, or the corporation was authorized by resolution at the corporation of an officer or director) | on duly adopted to has been notified | y its board of directiced in writing of the | tors or by an of change. | officer so M. PA | CHAN C |
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| (Signature of Registered Agent) | on duly adopted to has been notified | y its board of directiced in writing of the | change. (1 a W V Printed or typed n capacity. pper and compass registered dress, 1 hereby | officer so PAI ame and title plete perfe agent. Confirm | CHAN C |
| hereby accept the appointment as regis further agree to comply with the provisi f my duties, and I am familiar with and ocument is being filed merely to reflect orporation has been notified in writing o | tered agent and accept the obligations of all statute accept the obligation of this change. | y its board of directiced in writing of the | change. (1 a W V Printed or typed n capacity. pper and compass registered dress, 1 hereby | officer so PAI ame and title plete perfe agent. Confirm | CHAN C |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314