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R. WHITE

## **COVER LETTER**

Division of Corporations					
SUBJECT: Noel David Inc  Name of Corporation					
DOCUMENT NUMBER: F04000007009					
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:					
David, Noel A Name of Contact Person					
NA					
Firm/Company					
1867 Lake Forest Lane					
Address					
Fleming Island, Florida 32003  City/State and Zip Code					
City/State and Zip Code					
ndavid@msn.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
N A David at ( 904-305-3963 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

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TO:

Amendment Section

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

statement of change i	is submitted for a corporation	517.0502, 607.1508, or 617.1508, n organized under the laws of the r registered agent, or both, in the	State of Florida
1. The name of the co	orporation: Noel Dav	id Inc	**************************************
2. The principal offic	e address: 1650 - 3	02 Margaret St. Ste	362
		ille, Florida 32204	
3. The mailing address	ss (if different):Same		
4. Date of incorporati	ion/qualification: 11/30	/2004 Document number:	F04000007009
	et address of the current reginat of State: (If resigned, enter	stered agent and registered office resigned)	on file with the
	David, Noel A		
	228 Sanwick D	rive	
	Jacksonville,	FL 32218	229
6. The name and stree (if changed):	J	red agent (if changed) and /or regi	2: 2:
	David, Noel A	•	<u> </u>
	1867 Lake For		
		Box NOT acceptable , Florida 32003	·
		e street address of the business of	
Such change was and authorized by the bo	thorized by resolution duly a	adopted by its board of directors been notified in writing of the characteristics.	or by an officer so ange.
108	n officer or director	NA DAU	12 Des
i turther garee to con	mnly with the provisions of i	gent and agree to act in this capa all statutes relative to the proper h and accept the obligation of my to reflect a change in the registe tified in writing of this change.	r and complete
Signature o	of Registered Agent	Date	
If signing on behalf of Typed or	of an entity:		

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