F13000001777

(Requestor's Name)
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(Modress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Mattle)
(Document Number)
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2022 NOV -3 AM IO: 20



A. BUTLER NOV - 7 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195		
REFERENCE :	094145 7956516		
AUTHORIZATION :	Smellelenan		
COST LIMIT :	\$ 35.700		
ORDER DATE : November 2, 2022			
ORDER TIME : 1:53 PM			
ORDER NO. : 094145-007			
CUSTOMER NO: 7956516			
	- 		
CHANGE OF AGENT			
NAME: NOODLES & COMPAI	NY		
PLEASE RETURN THE FOLLOWING AS PI	ROOF OF FILING:		
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			
EXAM	INER'S INITIALS:		

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

statement of char	provisions of sections 607.0502, 617.0502 age is submitted for a corporation organi	ized under the laws of the State of DEL	AWARE
in order	to change its registered office or registe	red agent, or both, in the State of Florid	da.
1. The name of the	he corporation: NOODLES & COMPANY	', INC.	
2. The principal	office address: 520 ZANG ST, STE D BR	ROOMFIELD, CO 80021	
	_		
	ddress (if different):		
4. Date of incorp	oration/qualification: 04/18/2013	Document number: F13000001	777
5. The name and Florida Depar	street address of the current registered as tment of State: (If resigned, enter resigne	gent and registered office on file with thd)	ie
	CT CORPORATION SYSTEM		2
	1200 SOUTH PINE ISLAND RD	70	2022 NOV -3
	PLANTATION	FL 33324	L Sunt
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	AH 15: 20
	Corporation Service Company		20
	1201 Hays Street		
	P.O. Box	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	address of the business office of its re	gistered agent.
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an offi- tified in writing of the change.	cer so
Xie	2 agree	Jill Cilmi, Vice President	
ignatu	re of an officer or director	Printed or typed name and title	
I further agree of my duties, and document is bei corporation has	the appointment as registered agent an to comply with the provisions of all state ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change. In Service Company	utes retative to the proper and comple igation of my position as registered as e registered office address. I hereby c	te performanc gent. Or, if thi onfirm that the
Ву:	mar. 2-Kuble	11/03/2022	
Sig	nature of Registered Agent \	Date	
If signing on be	chalf of an entity:		
	Asst. Vice President		
T	yped or Printed Name	on, cieno 4 4 4	
	* * * FILING FE	5E: 555.00 ^ ^ ^	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)