

F130000002139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

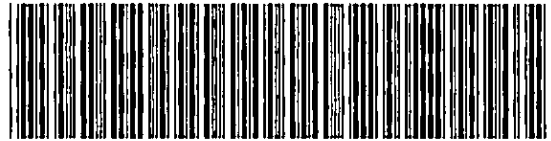
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/22--01046--016 **35.00

FILED
2022 APR 18 AM 7:34
STATE
TALLAHASSEE, FL

cf 6/4/2022



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: April 11, 2022

AE: Kristen Carter

TO: Florida Department of State

1960

REFERENCE: 1765974

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

NOBLE HEALTH SERVICES, INC.

File Change of Registered Agent

IN: FL

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Kristen Carter TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NOBLE HEALTH SERVICES, INC.
2. The principal office address: 6040 TARBELL ROAD, SYRACUSE, NY 13206
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 14, 2013 Document number: F13000002139
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE

FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARACORP INCORPORATED

155 OFFICE PLAZA DRIVE, 1ST FLOOR

P.O. Box NOT acceptable

TALLAHASSEE

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Warren D. Wolfson
Signature of an officer or director

WARREN D. WOLFSON SECRETARY
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

PARACORP INCORPORATED
By: Jose Gomez
Signature of Registered Agent

4/11/22
Date

If signing on behalf of an entity:

JOSE GOMEZ, ASST. Secretary
Typed or Printed Name

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

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