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2022 NOY -3 AM 10: 17

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

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. : I2000000195				
REFERENC	E : 094145 7956516				
AUTHORIZATIO	: Smellenan	,			
COST LIM	T : \$ 3-5.00′				
ORDER DATE : November 2, 20	22				
ORDER TIME : 1:53 PM					
ORDER NO. : 094145-067					
CUSTOMER NO: 7956516					
CHANGE OF AGENT					
NAME: THE NOODLE DELAWARE, I	· · · · · · · · · · · · · · · · · · ·				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Wei	land				
	EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0502, 6. ange is submitted for a corporation er to change its registered office or	organized under the lav	vs of the State o	DELAWARE
1. The name of	the corporation: THE NOODLE SH	OP CO DELAWARE,	, INC.	
2. The principal	office address:SUITE D BROOMFIELD, CO 800			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/21/2013	Document r	number: _F130	00004543
	d street address of the current regist rtment of State: (If resigned, enter r		d office on file	with the
	CT CORPORATION SYSTEM			
	1200 S PINE ISLAND RD			2022 SEC
	PLANTATION	FL	33324	FT I SECRETARY
6. The name and (if changed):	d street address of the new registere Corporation Service Company	ed agent (if changed) and	I /or registered o	-3 AMID: 17
	1201 Hays Street			
		P.O. Box. NOT acceptable		_
	Tallahassee	FL	32301	_
The street address changed will	ess of its registered office and the be identical.	street address of the bus	siness office of	its registered agent.
Such change was authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of deen notified in writing o	irectors or by a f the change.	n officer so
لون	r 2. Gomi	Jill Cilmi, Vice P	resident	
7 7	re of an officer or director		ed or typed name and	
	the appointment as registered ago to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ent and agree to act in t ll statutes relative to the ne obligation of my posi i in the registered office ange.	his capacity, e proper and co tion as register e address, I her	omplete performance ed agent. Or, if this eby confirm that the
By: X	ace C-Kuble	11/03/2022		
Sign	nature of Registered Agent\		Date	
If signing on be	half of an entity:			
Grace E. Kirby, /	Asst. Vice President			
	ped or Printed Name			

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