Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TOI

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053

Phone '

: (561)694-8107

Pax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emod 1	Address:	
RMBII	AUGIUSSI	

REGISTERED AGENT CHANGE NOODLE TIME, INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of $\underline{\text{Flo}}$ or to change its registered office or registered agent, or both, in the State of Flori	rida
	the corporation: Noodle Time, Inc.	
2. The principal	l office address: 8685 NW 53RD TERRACE, STE. 201, MIAMI FL 3	3166 US
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 05/05/1982 Document number:	F80014
	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)	he
	NRAI SERVICES, INC.	
•	2731 EXECUTIVE PARK DRIVE SUITE 4	
	WESTON FL 33331	聚 10
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Corporate Creations Network Inc.	
		AH N: OL OF STALL EE, FLORIG
	11380 Prosperity Farms Road #221E	
	Palm Beach Gardens, FL 33410	夏 帝 左
The street addre	ess of its registered office and the street address of the business office of its reliberation.	gistered agent,
Such change we authorized by th	ras authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so
Signaph	by Kelly Cianfarano as Attori	ney-in-Fact
I hereby accept I further agree t of my duties, an document is bein corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered as ing filed merely to reflect a change in the registered office address, I hereby a seen notified in writing of this change.	ete performance gent. Or, if this confirm that the
Maly	LOULOUGUSE 7/1/2010 Tristurd of Registered Agent Date	<u> </u>
If signing on be	ehalf of an entity:	
	farano, Special Secretary	
Ту	yped 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 (8/05)