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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

SUBJECT: NOBEL HOW	eagement, LLC	
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Thomas F. Barino (Name of Person)	CUU	
NOBEL Management, LLL (Firm/Company)		
401 E. Las Olas Blud. Scrife 1400		
Fort Laude-Clale, FL 3330 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Thomas F. Franklin at (866) 455 4520 (Name of Person) (Area Code & Daytime Telephone Number)		
(Nama of Parson)	(Area Code & Daytime Telephone Number)	
(Ivalile of I cisoli)	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$25 Filing Fec	☐ \$55 Filing Fee & Certified Copy	

+ 0,00

TO:

Registration Section Division of Corporations

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	
2. (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)	y: 401 E. Los Olas Blvd. Suito Ill Fort Lacederdale, FL 33301
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same es above
Mord 24, 2008 3. Date of filing/registration in Florida	<u>LOGOOOOZ9589</u> , <u>EIZ-80-0164519</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Corporation Service languary
Registered Office Address:	1201 Hays Street
	Tullahasse, FL 37301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	NOBEL Handyemad, LU
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	GOLE. Las Olas Blad. Santo 1400 Fort laudadale, FL 3330 (
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of the change of the chan	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ease of a Florida limited liability company, it is
limited liability company.	60 NIAIS
(Signature of a member or authorized representative of a member)	JAN
(Printed or typed name of signce)	2 <u>29</u> 200
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ngree to act in this capacity. I further agree to Ambie oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby and I in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00