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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/11/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOLEN, 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:

NOLEN, JAMES C.

\_\_\_\_\_  
Name of Person

NOLEN, LLC

\_\_\_\_\_  
Firm/Company

5806 GUENEVERE CT

\_\_\_\_\_  
Address

ST CLOUD, FL 34772

\_\_\_\_\_  
City/State and Zip Code

Capt.Jimmy@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James C. Nolen

\_\_\_\_\_  
Name of Person

407

593-2905

at ( )

\_\_\_\_\_  
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 Fee



\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: NOLEN, LLC

2. (a) NOLEN, LLC (b) NOLEN, LCC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

920 NEW YORK AVE.

ST CLOUD, FL 34769

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5806 GUENEVERE CT.

ST CLOUD, FL 34772

09/11/2014

L14000144542

3. Date of filing/registration in Florida

4. Document number

5. (a) NOLEN, JAMES C

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

920 NEW YORK AVE

ST CLOUD, FL 34769

FILED  
17 OCT 10 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(b) New Registered, Principal Office Address:

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Office Address:

5806 GUENEVERE CT

ST CLOUD, FL 34772

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bonita J. Nolen, AMBR

Signature of a member or authorized representative of a member

Bonita J Nolen

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

JC Nolen  
Signature of Registered Agent