

L15000043275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

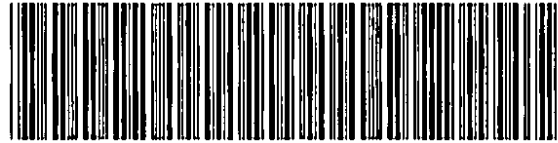
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/07/19--01012--026 **25.00

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2019 FEB 25 PM 12:28
FEB 25 2019

RA/RO/CH8

FEB 26 2019

ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS
From: Logan Hall logan.hall@cscglobal.com
Date: February 21, 2019
Order#: 614828/005
Re: NOON CAPITAL LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX ~~Check in the amount of \$35~~.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Logan Hall
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2019

CORPORATION SERVICE COMPANY
ATTN: LOGAN HALL
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

SUBJECT: NOON CAPITAL LLC
Ref. Number: L15000043275

We have received your document for NOON CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00003130

RECEIVED

2019 FEB 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FL

**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: NOON CAPITAL LLC

2. (a) 832 GEORGIA AVE (b) 832 GEORGIA AVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

STE 300

STE 300

CHATTANOOGA, TN 37402

CHATTANOOGA, TN 37402

03/10/2015

L15000043275

3. Date of filing/registration in Florida 4. Document number

5. (a) FLORIDA INCORPORATOR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

619 CATTLEMEN ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 155

SUITE 155, FL 34232

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

/s/ Todd Phillips

Todd Phillips, Authorized Person

Signature of a member or authorized representative of a member

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.

Grace E. Kirby

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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