Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:   |   |  |
|-------|---|--|
|       | Division of Corporations                      |  |
|       | Fax Number : (850)617-6383                    |  |
| From: |   |  |
|       | Account Name : REGISTERED AGENT SOLUTIONS INC |  |
|       | Account Number : I20100000062                 |  |
|       | Phone : (888)705-7274                         |  |
|       | Fax Number : (888)706-7274                    |  |

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

Email Address:\_

### LLC REGISTERED AGENT CHANGE JULIE NOONAN CONSULTING, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Help JAN 24 2022



# SUBJECT: Julie Noonan Consulting, 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:

| Mary Castillo   |
|---|
| Name of Person  |
| Registered Agent Solutions, Inc.                                  |
| Firm/Company  |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400                |
| Address   |
| Austin, TX 78735  |
| City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification |
| For further information concerning this matter, please call:      |
|   |

Mary Castillo

888

705-7274

Name of Person

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

15129570210

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

LIMITED LIABILITY COMPANY

| ame of the limited liability company                    | <sub>y:</sub> Julie Noo | nan         |                 |                   |         |   |
|---|-------------------------|-------------|-----------------|-------------------|---------|---|
| 4948 ATWOOD D   | R                       | (b)         | 4948            | ATWO              | OD D    | R   |
| Principal office address of limited                     |                         | _ (,        |                 | ailing address of |         |   |
| (Note: MUST BE STREE)                                   |                         |             |                 | (Note: MAY B      |         |   |
| ORLANDO, FL 32  | <u> </u>                | _           | UKLA            | NDO, I            | -L 32   | .020  |
| 7/16/2020   |                         | -<br>       |                 | 020681            | 8       |   |
| Date of filing/registration                             | in Florida              | 4.          | ĺ               | Document nui      | mber    |   |
| UNITED STATES COR                                       | PORATION A              | GENT        | S, INC.         |                   |         |   |
| Registered Agent and Registered Office s 5575 S. SEMORA |                         | e Florida   | Dept. of State: |                   |         |   |
| •   | E FLORIDA STREET AL     | DDRESS)     |                 |                   |         |   |
| SUITE 36  |                         |             |                 |                   |         |   |
| ORLANDO,  | . FL                    | 3282        | .2              |                   | . 51    |   |
| Registered Agent  |                         |             | PAGE            | :                 | 22 J.AI | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |
| Enter name of NEW Registered Agent a                    | no/or NEW Registeria C  | JIII CV MQQ | T.255           |                   | . 21    | · <u> </u>  |
| 155 Office Plaza  | Dr.                     |             |                 |                   |         |   |
| NEW Registered Office Address:                          |                         |             |                 |                   |         |   |
| Suite A   |                         |             |                 |                   |         | !   |
| Tallahassee   |                         | 3230        | )1              |                   |         |   |

Thereby 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.

Karmen Tang

Printed or typed name of signee

Mackenzie Hart, Asst. Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent

/s/ Karmen Tang