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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

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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. N	ame of the limited liability company:						
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	09/10/20	L200002	83554				
3.	Date of filing/registration in Florida	4,	Document number				
5. (a)	MARCUS & MYERS, P.A.						
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
	6150 METROWEST BOULEVARD	2024					
	Registered Office Address (MUST BE FLORIDA STREET	2024 HAR					
	SUITE 208						
	ORLANDO FI	L 32835	ASS.				
(b)	Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	HAR -5 AMII: 10					
	NEW Registered Office Address:						
	STE 300		and toward				
	St. Petersburg						
the ch agent was/w the art / Signs	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and ag	of the registered of iability company, of the limited liability of limited liability of Nat Smith	Tice and the business office of the registered it is hereby confirmed that the change(s) ality company or as otherwise provided in company. Printed or typed name of signee capacity. I further agree to comply with the				
provis the ob to mei	ions of all standes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Taylor Newman Assistant S	e performance of t ed for in Chapter hereby confirm th	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed				
_/		,					

Signature of Registered Agent