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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

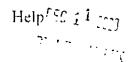
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE NOBLE-INTERSTATE MANAGEMENT GROUP, LLC

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Electronic Filing Menu Corporate Filing Menu



<sup>1</sup> Page: 3 of 3

## 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.

| . Na                                | me of the limited liability company:NOBLE-INTERS   |   |   |   |                      |  |                     |  |
|-------------------------------------|--|---|---|---|----------------------|--|---------------------|--|
| !. (a)                              | 5851 Legacy Circle, Plano, TX, 75024   | (p)   | (b) 5851 Legacy Circle, Plano, TX, 75024    |   |                      |  |                     |  |
| (a)                                 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)         |   |   |                      |  |                     |  |
|                                     |  |   |   |   |                      |  |                     |  |
|                                     | 11/12/2003   |   | 1030000038                                  |   |                      |  |                     |  |
| 3.                                  | Date of filing/registration in Florida   | 4.  |   | Document m  | imber                |  |                     |  |
| 5. (น)                              | CORPORATION SERVICE COMPANY  |   |   |   |                      |  |                     |  |
| , (u)                               | Registered Agent and Registered Office shown on the records of   | the Florida I   | Dept, of State                              | :   |                      |  |                     |  |
|                                     |  | . D. D. D. C. (14)  | <u>-</u>                                    |   |                      |  |                     |  |
|                                     | Registered Office Address 1201 HAYS STREET   | <u> 4DDRESS)</u>  |   |   | +sag                 | <b>5.3</b>                                 |                     |  |
|                                     | TALLAHASSEE , FL   | 32301   |   |   |                      | 20 D                                       |                     |  |
| (b)                                 | C T Corporation System   |   |   |   |                      | 030  | * *                 |  |
|                                     | Enter name of NEW Registered Agent and/or NEW Registered   | Office add  | ress:                                       | •   | in.                  | 9  | 7;                  |  |
|                                     |  |   |   |   | ٠.                   |  | C                   |  |
|                                     | NEW Registered Office Address:   |   |   |   | **<br>***            | l;: (                                      |                     |  |
|                                     | 1200 South Pine Island Road  |   |   |   | <b>1.</b> ■          | $\frac{1}{2}$                              |                     |  |
|                                     | 1200 Sulti Fine Island Road  | <u>_</u>  |   | •   |                      |  |                     |  |
|                                     | Plantation, FL   | 33324   |   | _   |                      |  |                     |  |
| the ch<br>agent<br>was/w<br>the ari | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the accept the appointment as registered agent and agricular of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in veriting of this change. Alfred Younan | i the regis iability co- of the limited li ree to act performe if for in C hereby co- | mpany, it i<br>ited liabilit<br>ability con | s and the bus<br>s hereby cont<br>y company o<br>npany.  Printed or typ | firmed the ras other | hat the corresponding production of signed | hange(s) rovided in |  |
| By:                                 | Assistant Secreta  | ary   |   |   |                      |  |                     |  |
| Signal                              | urcof Registered Igent   | •   |   |   |                      |  |                     |  |