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## LLC REGISTERED AGENT CHANGE NOBLE SUPPLY & LOGISTICS, LLC

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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.	Na	me of the limited liability company: NOBLE SUPPLY &	& LO	MSTICS, ELC	: 		
2. (	<b>a</b> 1			(h)			
(		Principal office address of limited liability company: (Note: MUST BE STREET 4DDRESS)	·	10)	Mailing address of limited lis (Note: MAY BE POST O		
		ONE Marina Park Drive, Suite 220	ONE Marina Park Drive, Suite 220 Boston, MA 02110				
		Boston, MA 02110					
		10/14/2021		M21900013:	566		
3.		Date of filing/registration in Florida	4,		Document number		
5. (	· \	Holloway, Mark					
J. (	a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			- e:	\$	2023 FEB
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>53)</u>	•	•	 
	1200 SOUTH PINE ISLAND ROAD						Œ.
		PLANTATION FL3	3324				ယ
{	<b>5)</b> .	CT Corporation System  Enter name of NEW Registered Agent and/or NEW Registered Office address:					AM 10: 47
	NEW Registered Office Address:						
		1200 South Pine Island Road					
		Plantation F1, 3	3324				
the cagen was/ the a	hai t w we rtic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	he reg sility o the lii	istered office company, it is mited liability	and the business office hereby confirmed that company or as otherw	of the regi the change	istered (8)
-	T. i.	v. Ndellat		Tom N	loble		
512	T; u li	are of a member or authorized representative of a member			Printed or typed name of sig	gner	
prov the 6 to m notif By: <u>C</u>	isio bli ere lod	ey accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided for the reflect a change in the registered office address. The Ein writing of this change. Mark Holloway  CT Companion Sestem  Assistant Secretary  e of Registered Agent	e to ac erfor: jor in reby	ct in this cape nance of my c Chapter 603 confirm that i	icity. I further agree to luties, and I am familia .F.S. Or, if this docum the limited liability com	comply wi r with and i ent is being pany has h	th the accept gilled een

Division of Corporations P.O. Box 6327 Vallahassee, F1. 32314 FILING FEE: \$25.00