M21000013566

(Requestor's Name)					
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LLC RAG



2023 OCT -9 PHI2: 31

OCT 10 29.1 A RAMSEY CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 038113 8055259						
AUTHORIZATION: Service Comments						
COST LIMIT : \$25.00						
ORDER DATE: October 4, 2023						
ORDER TIME : 9:09 AM						
ORDER NO. : 038113-007						
CUSTOMER NO: 8055259						
CHANGE OF AGENT						
NAME: NOBLE SUPPLY & LOGISTICS, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						

EXAMINER'S INITIALS:

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.

I. Na	ame of the limited liability company: NOBLE SUPPL	_Y & LO	GISTICS, L	LC
2. (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)
	ONE MARINA PARK DR STE 220		ONE MA	ARINA PARK DR STE 220
	BOSTON, MA 02110		BOSTO	N, MA 02110
	10/14/2021		M210000	D13566
3.	Date of filing/registration in Florida	— 4.		Document number
	. •			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dent. of St	
	C T CORPORATION SYSTEM			
		ANDRES	<u>.</u>	~ <u>~</u>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD			3 3
	PLANTATION F	33324		53 % C
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	,
	Corporation Service Company			130CT-9 7 9:55
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
16451			C4.4 E C	
n the r change	imited liability company is not organized under the la or changes are made, the Florida street address of the	ws of the register	ed office a	nd the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited li	ability co	ompany, it	is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the			
/S/ K/	evin Cullinan	K	evin Cullina	an, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens on all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It in writing of this change.	ree to ac perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
<u>N</u>	are teknole			

Grace E. Kirby. Asst. Vice President

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00