

P000000028753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

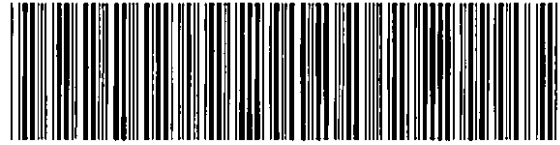
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: No Idea, Inc.
Name of Corporation

DOCUMENT NUMBER: P00000028753

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Var K. Thelin

Name of Contact Person

No Idea, Inc.

Firm/Company

P.O. Box 14636

Address

Gainesville, FL 32604-4636

City/State and Zip Code

orders@noidearecords.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Var K. Thelin

Name of Contact Person

at (352) 234-3526

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OVER →

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: No Idea, Inc.
2. The principal office address: 1005 SW 2nd Ave. Gainesville, FL 32601
3. The mailing address (if different): P.O. Box 14636 Gainesville, FL 32604-4636
4. Date of incorporation/qualification: 3-15-2000 Document number: P00000028753
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State. (If resigned, enter resigned)

Var K. Thelin

1005 SW 2nd Ave

Gainesville, FL 32601

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

Jon Goldberg

1013 SW 2nd Ave.

P.O. Box NOT acceptable

Gainesville, FL 32601

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Var K. Thelin
Signature of an officer or director

Var K. Thelin President

Printed or typed name and title

I hereby 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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Jon Goldberg
Signature of Registered Agent

10-25-2023

Date

If signing on behalf of an entity:

JONATHAN GOLDBERG
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAIL CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CP-27045 (04/13)