P19000002578

(Requestor's Name)
(Address)
(Address)
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City (Conta City (Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUL 17 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Michelle Noga PA Name of Corporation
DOCUMENT NUMBER: P19000002578
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:
Michelle Noga
Name of Contact Person
Michelle Noga PA
Firm/Company
1931 Commerce Lane, Ste 6
Address
Jupiter, FL 33458
City/State and Zip Code
MichelleNoga@mac.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Noga at (561) 801-3885
Michelle Noga at (561) 801-3885 Name of Contact Person 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

CR2E045 (04/13)

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

statement of change is	submitted	for a corporation organ	92, 607,1508, or 617,1508, nized under the laws of the tered agent, or both, in the	State of Florida									
The name of the corporation: The principal office address:		Michelle Noga PA 1931 Commerce Lane, Ste 6 Jupiter, FL 33458											
							3. The mailing address	(if differe	nt):				
							4. Date of incorporation	n/qualifica	ition:	Document number:	P19000002578		
		f the current registered a If resigned, enter resign	ngent and registered office ed)	on file with the									
М	ichelle Nog	a											
	231 US Hw	y 1, #413			Ě,	2024							
No	orth Palm B	each, FL 33408			· · · · · · · · · · · · · · · · · ·	2024 JUL							
6. The name and stree (if changed):	t address of	the new registered age	nt (if changed) and /or regi	istered office		17 Pii							
M	ichelle Nog	a				<u>ن</u> ت							
19	31 Comme	rce Lane, Ste 6				ြ							
Ju	piter, FL 33		x NOT acceptable										
The street address of as changed will be ide	its register entical.	ed office and the street	address of the business of	ffice of its registe	red agent,								
Such change was auth authorized by the boa	orized by rd, or the c	resolution duly adopted orporation has been no	d by its board of directors of the charteness of	or by an officer s ange.	ю								
Dimelle	200 M	op _	Michelle Noga										
Signature of an		•	Printed or typed										
I hereny accept the aft I further agree to com of my duties, and I an document is being file corporation has been	ppointment ply with th i familiar v id merely t notified in	as registered agent and a see provisions of all stat with and accept the oblower the collection of this change of this change.	ad agree to act in this cape actes relative to the proper igation of my position as i ie registered office addres	icity and complete pe registered agent. s, I hereby confir	rformance Or, if this m that the								
Signature o	LLL - Registered A	gent	- June Date	12,2024	'								
lf signing on behalf o	f an entity:												
Michelle Noga													
Typed or	Printed Name												

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