P19000014710

(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
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Certified Copies	Certificates	of Status		
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JQ 10/08/20

COVER LETTER

Office/Agent and fee are submitted for filing.	
matter to the following:	
	
report notification)	
ease call:	
at (²¹²)2337016	
at (212)2337016 Area Code & Daytime Telephone Number	
epartment of State.	
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 cha	nge is submitted for a corporation	517.0502, 607.1508 , or 617.1508 , Florida St in organized under the laws of the State of $\overline{\text{FI}}$ registered agent, or both, in the State of Fl	LORIDA
	the corporation: I NOODLE INC.	registerea agent, or both, in the state of Fi	oriaa,
2. The principal	office address: 880 US HIGHWAY	' ATA N UNIT 9	
PONTE VEDRA	<u> </u>		
3. The mailing a	ddress (if different): 11 EAST BRO	OADWAY, STE 12C, NEW YORK, NY 1003	.8
4. Date of incorp	poration/qualification: 02/12/2019	Document number: P19000014	710
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with resigned)	h the
	SHANSHAN ZHOU		_
	880 US HIGHWAY ATA N UNIT	9	2020 AUG 24 SEGRETAR
	PONTE VEDRA, FL 32082		E 2
6. The name and (if changed):	l street address of the new register	red agent (if changed) and /or registered offic	RY OF STATE
	XIANGZHOU CHEN		원 6
	880 US HIGHWAY A1A UNIT 9		
		P.O. Box NOT acceptable	
	PONTE VEDRA, FL 32082		
		street address of the business office of its	
	as authorized by resolution duly a be board, or the corporation has b	adopted by its board of directors or by an election notified in writing of the change.	efficer so
1 im 2hm	re of an officer or director	XIANG ZHOU CHEN, PRESIDEN Printed or typed name and title	
l hereby accept I further agree i of my duties, an document is bei	the appointment as registered as	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered we in the registered office address. I hereby	olete nerformance
Mulah	n Olin	08/19/2020	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ty	yped or Printed Name	-	

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

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