Paa 0000 83158

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COVER LETTER

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TO: Amendment Section		
Division of Corporations		
SUBJECT: The Noom Group Inc Name of Corporation		
Name of Corporation		
DOCUMENT NUMBER: P22000083158		
		
The enclosed Statement of Change of Regist	tered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Axel Franzen		
Name of Contact Person		
The Noom Group Inc.		
Firm/Company		
3350 Burris Road		
Address		
Davie, FL 33314		
City/State and Zip Code		
steve@avcoausa.com		
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matt	er, please call:	
Axel Franzen	ot (954 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Contact Person	at (⁹⁵⁴) 584-6001 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to	the Department of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
	The Noom Group Inc.
	office address: 3350 Burris Road - Davie, FL 33314
3. The mailing a	nddress (if different):
	poration/qualification: 10/31/2022 Document number: P22000083158
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	BEST FLORIDA CONSULTING LLC
	1110 SW 28TH ST
	CAPE CORAL, FL 33914
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	The Noom Group Inc.
	3350 Burris Road
	P.O. Box NOT acceptable
	Davie, FL 33314
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Axx	Te of an officer or director Axec France Definited or typed name and title
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the tree notified in writing of this change.
	10/31/2023
Sig	nature of Registered Agent Date
If signing on be	half of an entity:
Axel Franzen	
.1.	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 * * *