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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** documents@incorp.com

**REGISTERED AGENT CHANGE**  
**NOBLE HOUSE HOTELS & RESORTS, LTD.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Noble House Hotels & Resorts, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B97000000186

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

Please return all correspondence concerning this matter to:

Leora Nealey

Contact Person

Noble House Hotels & Resorts, Ltd.

Firm/Company

3773 Howard Hughes Pkwy - Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

leora.nealey@incorp.com

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

For further information concerning this matter, please call:

Leora Nealey on behalf of InCorp Services, Inc. at (800) 246-2677 ext 6756

Name of Contact Person

Area Code and Daytime Telephone Number

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Noble House Hotels & Resorts, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/22/1997 3. B97000000188  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**CORPORATION SERVICE COMPANY**

Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301  
City, State and Zip

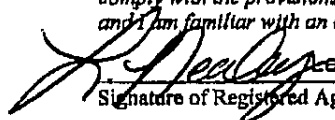
5. The name and Florida street address of the new registered agent and/or office:

InCorp Services, Inc.  
Name  
17868 67th Court North  
Florida street address (P.O. Box not acceptable)  
Loxahatchee FL 33470  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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 obligations of my position as registered agent.*

 Leora Nealey on behalf of InCorp Services, Inc.  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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