

P110000010783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2013

NOBLE HAUS INC.  
PO BOX 50286  
LIGHTHOUSE POINT, FL 33074

SUBJECT: NOBLE HAUS INC.  
Ref. Number: P11000010783

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by January 21, 2014, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather  
Regulatory Specialist III

Letter Number: 313A00026811

## COVER LETTER

TO: ~~Amendment Section~~  
Division of Corporations

SUBJECT: Noble Haus inc  
Name of Corporation

DOCUMENT NUMBER: P11000010783

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:

Dwayne Carter  
Name of Contact Person

Noble Haus inc  
Firm/Company

2650 NE 50<sup>th</sup> street  
Address

Lighthouse Point FL 33064  
City/State and Zip Code

Noblehausinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwayne Carter at (561) 515-4550  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Noble Haus INC
2. The principal office address: 2650 NE 50<sup>th</sup> Street  
Lighthouse Point FL 33064
3. The mailing address (if different): Po Box 50296  
Lighthouse Point FL 33074
4. Date of incorporation/qualification: Jan 2011 Document number: P11000010783
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)

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

2650 NE 50<sup>th</sup> Street

P.O. Box NOT acceptable

Lighthouse Point FL 33064

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.

[Signature]  
Signature of an officer or director

Dwayne Carter - Partner  
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.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)