

741462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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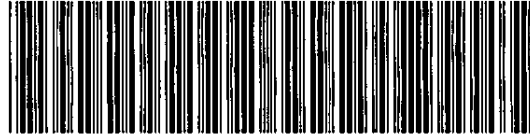
(Business Entity Name)

(Document Number)

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2015 APR 27 PM 3:40  
TALLAHASSEE, FLORIDA

5/1/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hubbard House, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 741462

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:

David Wallace

Name of Contact Person

Hubbard House, Inc.

Firm/Company

PO Box 4909

Address

Jacksonville, FL 32201

City/State and Zip Code

dwallace@hubbardhouse.org

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

For further information concerning this matter, please call:

David Wallace

Name of Contact Person

at ( 904 ) 354-0076

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

1. The name of the corporation: Hubbard House, Inc.
2. The principal office address: 6629 Beach Boulevard  
Jacksonville, FL 32216
3. The mailing address (if different): PO Box 4909  
Jacksonville, FL 32201
4. Date of incorporation/qualification: 1/26/1978 Document number: 741462
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)

Ellen Siler

450 Palmetto Street

Jacksonville, FL 32201

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

Ellen Siler

6629 Beach Boulevard

P.O. Box NOT acceptable

Jacksonville, FL 32216

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.

*Carol Ginzig*  
Signature of an officer or director

Carol Ginzig, Chief Financial Officer  
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.*

*Ellen Siler*  
Signature of Registered Agent

4/22/2015

Date

If signing on behalf of an entity:

*Ellen Siler.*  
Typed or Printed Name

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