

A96000001563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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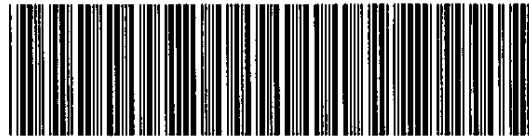
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 4 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hubco Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001563

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:

Bruce P. Chapnick, Esq.

Contact Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City, State and Zip Code

bchapnick@icardmerrill.com

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

For further information concerning this matter, please call:

Bruce P. Chapnick, Esq.

Name of Contact Person

at (941)

Area Code and Daytime Telephone Number

366-8100

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

ICARD MERRILL

ATTORNEYS & COUNSELORS

Bruce P. Chapnick
Attorney At Law

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941.366.8100
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Fax: 941.366.6384
bchapnick@icardmerrill.com

icardmerrill.com

May 28, 2015

**VIA FEDERAL EXPRESS/
TWO-DAY DELIVERY**

Florida Department of State
Attn: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Hubco Limited Partnership
FL Document No.: A96000001563
Our File No.: 66918-105509

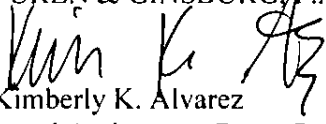
Dear Sir or Madam:

Enclosed please find the Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for **Hubco Limited Partnership** for filing with the Florida Department of State, together with our firm check (no. 86749) in the amount of Thirty Five and 00/100 Dollars (\$35.00) representing the filing fee.

Please forward the filing acknowledgment to our office: Bruce P. Chapnick, Esq., Icard Merrill, 2033 Main Street, Suite 600, Sarasota, FL 34237.

Should you have any questions, please do not hesitate to contact me. Thank you.

Cordially,
ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.


Kimberly K. Alvarez
Legal Assistant to Bruce P. Chapnick

BPC/ka
w/enc.

**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. Hubco Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/21/1996 3. A96000001563
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:

Lawrence S. Cohen
Name

1901 Hansen Street
Address

Sarasota, FL 34231
City, State and Zip

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

Steven Proffitt
Name

3221 Williamsburg Street
Florida street address (P.O. Box not acceptable)

Sarasota FL 34231
City, State and Zip

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

Barbara Ann Successor Co. Trustee
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.

[Signature]
Signature of Registered Agent

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

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15 JUN - 1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA