

F1100000 4045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

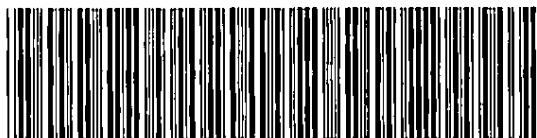
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400312561304

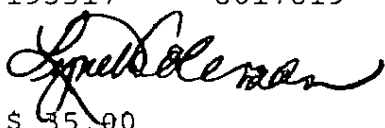
18 MAY -3 AM 8:13
STATE OF FLORIDA
TALLAHASSEE

20

2013 MAY -3 PM 4:10
STATE OF FLORIDA
TALLAHASSEE

White
R. WHITE
MAY 04 2013

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 193517 8017819
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : May 3, 2018
ORDER TIME : 2:09 PM
ORDER NO. : 193517-005
CUSTOMER NO: 8017819

CHANGE OF AGENT

NAME: HUB INTERNATIONAL MID-ATLANTIC
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: _____

2018 MAY -3 PM 4:10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hub International Mid-Atlantic Inc.

Name of Corporation

DOCUMENT NUMBER: F11000004045

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:

Nancy Gonzales

Name of Contact Person

Hub International Limited

Firm/Company

300 N. LaSalle Street

Address

Chicago, IL 60654

City/State and Zip Code

nancy.gonzales@hubinternational.com

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

For further information concerning this matter, please call:

Nancy Gonzales

312

279-4914

Name of Contact Person

at ()

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: Hub International Mid-Atlantic Inc.
2. The principal office address: 3290 N. Ridge Rd. Suite 300 Ellicott City, MD 21043

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/07/2011 Document number: F11000004045

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)

Cogency Global Inc.

1201 Hays Street

Tallahassee, FL 32301

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

Corporation Service Company

1201 Hays Street

Tallahassee

P.O. Box NOT acceptable

FL 32301

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.

Julie Hutchinson
Signature of an officer or director

Julie Hutchinson Vice President
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.

Corporation Service Company
By: Emily Croft
Signature of Registered Agent

5/3/2018
Date

If signing on behalf of an entity:

Emily Croft
Asst. Vice President
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)

FILED
18 MAY -3 AM 8:13
TALLAHASSEE, FLORIDA