

F15000000799

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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TALLAHASSEE, FL 32301  
866.625.0838  
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Date: May 24, 2017

Account#: I20000000088

Name: Marisa Kugelman

Reference #: C018972

Entity Name: HOBBS & ASSOCIATES, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 

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

1. The name of the corporation: HOBBS & ASSOCIATES, INC.
2. The principal office address: 4850 BROOKSIDE CT NORFOLK VA 23502
3. The mailing address (if different): PO BOX 12909 NORFOLK VA 23541
4. Date of incorporation/qualification: February 25, 2015 Document number: F15000000799
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)

**NORTHWEST REGISTERED AGENT LLC**

**3030 N. ROCKY POINT DR STE 150A**

**TAMPA, FL 33607**

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

**COGENCY GLOBAL INC.**

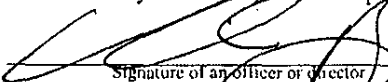
**115 North Calhoun St., Suite 4**

P.O. Box NOT acceptable

**Tallahassee, 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.

  
Signature of an officer or director

DAVID BYRNE CONTROLLER  
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

5/24/2017  
Date

If signing on behalf of an entity:

Marisa Kugelmann Assistant Secretary  
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)

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