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T. CLINE

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2008

JERRY HUBER 1441 EDGEWATER DRIVE MOUNT DORA, FL 32757

SUBJECT: HUBS LLC

Ref. Number: L07000013087

We have received your document for HUBS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 908A00010546 CARETARY CONTRACTOR OF THE PARTY OF T



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2008

JERRY HUBER 1441 EDGEWATER DRIVE MOUNT DORA, FL 32757

SUBJECT: HUBS LLC

Ref. Number: L07000013087

We have received your document for HUBS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A00010546

2009 MAR 12 PH 4: 22

COVER LETTER

TO: Amendment Section Division of Corporation	ons	,	
SUBJECT:	HUBS LL (Name of Corporation	On)	
DOCUMENT NUMBER:	UCSFL3	OR	
	ange of Registered Office/Agent	and fee are submitted for filing.	
	ce concerning this matter to the t		
	Jerry Hu (Name of Contact Per	rson)	
	HUBS (Firm/Company)	LLC	
	441 Edge W	rates Drive	
<u> </u>	OUNT DORA / (City/State and Zip C	5/32757 (code)	
For further information concer			
Terry H	act Person) at (352 383 - 7/63 Area Code & Daytime Telephone Numbe	er)
	nde payable to the Department of	25 M	ر مند رسمانه در از
Amen Divis P.O. I	ng Address: Indment Section It ion of Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Parents of the same of the sam
ranai	1а5500, ГЕ 32314	Tallahassee, FL 32301	!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: ____HUBS LLC 2. The mailing address of the limited liability company is: 1441 Edge wafer 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

6. The name and address of the new registered agent and/or office:

Terry Huber

Name

1441 Eagewater Drive

Florida street address (P.O. Box NOT acceptable)

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

the or authorized representative of a member)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Ragis Gret Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00