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(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
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DIVISION OF COM CHANDAS

O SIMMONS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	HUBBARD CONSULTING,	LLC	
3000		ne of Limite	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to	the following:
JOH	NO HUBBARD, SR		
	Name of Person		
HUB	BARD CONSULTING, LLC		
	Firm/Company		
611 5	FT HARRISON AVE, STE 164		
-	Address		
CLEA	ARWATER, FL 33756		
	City/State and Zip Code		
MOL	N@HUBBARDINVESTIGATIONS.	COM	
- I	E-mail address: (to be used for future ann	ual report r	otification)
For fu	ther information concerning this matter,	please call	
JOHN	O HUBBARD, SR	727 at (906-6500
	Name of Person	\	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee		1 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

rioriae		ONCLU	TING I	
1. Na	me of the limited liability company: HUBBARD C		_ HNG, L	LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t	n)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	611 S. FT. HARRISON AVE., STE 164		SAME	
	CLEARWATER, FL 33756			
	JUNE 15, 2017		L150000	35328
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	JOHN O HUBBARD, JR (DELETE FROM LI	_C)		
J. (4,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	te:
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 4DDRES:</u>	<u> </u>	_
	611 S. FT. HARRISON AVE., STE 164			2 1
	CLEARWATER FL	33756		F I
(b)	JOHN O HUBBARD, SR			TOF COM
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	FILED 17 JUN 19 AM 9: 53 DIVISION OF COM STATIONS
	NEW Registered Office Address:	- <u>-</u> -	-	_
	611 S. FT. HARRISON AVE., STE 164			_
	CLEARWATER, FL	33756		_
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin limited	stered offic ompany, it uited liabil: liability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ure of a member or authorized representative of a member	30		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered of the address, I in writing of this change.	perform	ance of mi	pacity. I further agree to comply with the duties, and I am familiar with and accer

Signature of Registered Agent