Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

HUB INTERNATIONAL NORTHWEST LLC

Certificate of Status Certified Copy	0
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A. LUNT XAMINER

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. Name of the limited liability company: Hub internation	onal Northwest LLC
2. (a) Principal office address of limited liability compound (Note: MUST BE STREET ADDRESS)	any: 11714 NORTHCREEK Prov N. Ste. 102 BOTHELL WA 98011
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 3018 BOTHELL WA 98041-3018
03/27/06	M06000001766
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	=
Registered Agent:	CORPORATION SERVICE COMPANY CO
Registered Office Address:	1201 HAYS STREET TALLAHASSEEFFF 3230 3525
	SK I
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address	
NEW Registered Agent:	CT Componetion System RX
<u>NEW</u> Registered Office Address: <u>MUST BE FLORIDA STREET ADDRESS</u>)	1200 South Pine Island Road Plantation FL 33324
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. (Signature of a member or affinitized representative of a member) Kimberly Breunling. Manager (Printed or typed name of signes) 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, Pr.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has peen notified in writing of this change. By: Assistant Secretary	
(Signature of Regultured Agent) Assistant Secretar	y

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

INHS18 (05/08)