

N 13 000008617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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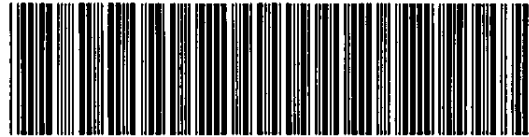
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 18 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Hub on Canal, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N13000008617

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:

Sally Mackay

Name of Contact Person

The Hub on Canal, Inc

Firm/Company

132 Canal Street

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

sallymackay@cfl.rr.com

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

For further information concerning this matter, please call:

Sally Mackay

Name of Contact Person

at ( 386 ) 235-4140

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: The Hub on Canal, Inc.  
2. The principal office address: 132 Canal Street, New Smyrna Beach, Florida 32168

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/20/2013 Document number: N13000008617

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)

Preston, William

143 Canal Street

New Smyrna Beach FL 32168

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

Sally Mackay

132 Canal Street

P.O. Box NOT acceptable

New Smyrna Beach FL 32168

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.

Susan M Dole  
Signature of an officer or director

Susan M DOLE, 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.

Sally Mackay  
Signature of Registered Agent

March 13 2014  
Date

If signing on behalf of an entity:

SALLY E MACKAY  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*