N2100002154

(Re	questor's Name)	
ĐA)	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	; #)
		MAIL
	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



07/15/22--01027--018 **85.00

THEFT 2022 JUL 15 PM 3: 42 FALLAHASSEE, FLORIDA

OCT 1 3 2022 S. PRATHE:

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Hub Life Charities Inc Name of Corporation

DOCUMENT NUMBER: N 2 100 000 2154

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:

Jenni fer Verge (Treasurer) Name of Contact Person Hub Life Charihes Inc. Firm/Company <u>8348 Li Hie Road Suite 148</u> Address <u>New Port Richerj FL 34454</u> City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JenniferVergeat (352)6100030Name of Contact PersonArea Code & Davtime 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Ron Smith - President Jennifer Verge - Treasurer Bianca Micklow - Secretary

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 <u>*Florida*</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>Hub Life Charities Inc.</u>
2. The principal office address: 8348 LI HIE Rd Suite 148
New Port Richey FL 34654
3. The mailing address (if different):/A
4. Date of incorporation/qualification: <u>2/19/2021</u> Document number: <u>N21000002154</u>
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)
Regan Weiss / Jennifer Verge Joey DEEB (Resigned) 3152 Little Ra. Suite 345 Trinity, FL 34455

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

Ronald Smith (President) / Jemifer Verge (Treasurer, 8348 Little Rd Bianca Micklow (Secretary) Suite 148 New Port Richey FLP.O. Box NOT acceptable 34654

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.

Jennifer Verge Treasurer Printed or typed name and title Signature of an officer or director

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.

6-22-2022 Date 2022 JUL 15 PH 3: Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name * * * FILING FEE: \$35.00 * * * 2 -MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)