

P99000080802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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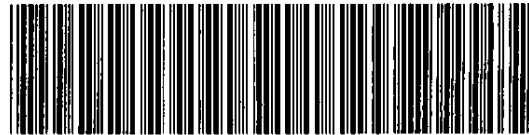
(Business Entity Name)

(Document Number)

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11 DEC 15 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

27619
OR6
12521



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2011

ROBERT EARL CADENHEAD
HUB CITY DEVELOPMENT GROUP, INC.
PO BOX 2036
CRESTVIEW, FL 32536

SUBJECT: HUB CITY DEVELOPMENT GROUP, INC.
Ref. Number: P99000080802

We have received your document for HUB CITY DEVELOPMENT GROUP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 111A00023662

RECEIVED
11 DEC 14 AM 9:57
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUB CITY DEVELOPMENT GROUP, INC
Name of Corporation

DOCUMENT NUMBER: P 990000 80802

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:

ROBERT CADENHEAD
Name of Contact Person

Firm/Company

P.O. Box 2036
Address

CRESTVIEW, FL 32536
City/State and Zip Code

REC23@EMBARQMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT CADENHEAD at (850) 682 5582
Name of Contact Person 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: HUB CITY DEVELOPMENT GROUP, INC.
2. The principal office address: 4353 POVERTY CREEK RD.
CRESTVIEW, FL. 32539
3. The mailing address (if different): P.O. BOX 2036
CRESTVIEW, FL. 32536
4. Date of incorporation/qualification: 09/07/1999 Document number: P99000080802
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)

TIMOTHY M. CHARK
15500 EMERALD COAST PKWY SUITE 503
DISTIN FL. 32541

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

ROBERT CADENHEAD
4353 POVERTY CREEK RD
P.O. Box NOT acceptable
CRESTVIEW FL. 32539

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of an officer or director

Tim Chark
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.

[Signature]
Signature of Registered Agent

12/12/11
Date

If signing on behalf of an entity:

ROBERT CADENHEAD
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)