

F96000006317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

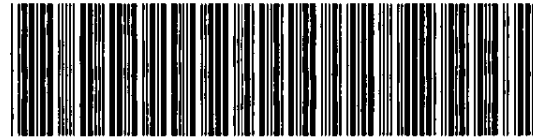
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/30/14--01028--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 12 PM 5:30

C. LEWIS

AUG 20 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

ATTN: AMI CASPER / CORPORATION SERVICE COMPANY
2711 CENTERVILLE RD SUITE 400
WILMINGTON, DE 19808 US

SUBJECT: HUB ENTERPRISES, INC.
Ref. Number: F96000006317

We have received your document for HUB ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00017207



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: July 28, 2014

Order#: 219578-010

Re: HUB ENTERPRISES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 Louisiana
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HUB ENTERPRISES, INC.
2. The principal office address: 406 E. Madison Street, Broussard, LA 70518
3. The mailing address (if different): PO Box 3162, Lafayette, LA 70502
4. Date of incorporation/qualification: 12/04/1996 Document number: F96000006317
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)

Jeffrey Davies

6004 SW 146 Court

Miami

FL 33183

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

James H. Romero 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.

Corporation Service Company
By: [Signature]
Signature of Registered Agent

07/23/2014

Date

If signing on behalf of an entity:

Sylvia Queppet, Assistant Vice President

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 (03/12)

14 AUG 12 PM 5:30

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS