F06000002302

Registered Agent Solutions, Inc. 515 Congress Avenue Suite 2300 Austin, TX 78701

(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,		
(Decument Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

OR MAY 16 AM 9: 1.4

RA|RO|Ch8

April 21, 2008

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Brooks Insurance Agency, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned in the enclosed envelope provided for your convenience.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Thanya Gonzalez



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2008

REGISTERED AGENT SOLUTIONS, INC. % THANYA GONZALEZ 515 CONGRESS AVENUE - SUITE 2300 AUSTIN, TX 78701

SUBJECT: BROOKS INSURANCE AGENCY, INC.

Ref. Number: F06000002302

We have received your document for BROOKS INSURANCE AGENCY, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Letter Number: 908A00029333

Irene Albritton Regulatory Specialist II

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, the statement of change is submitted for a corporation organized under the laws of the State of Ohio	ıis	
in order to change its registered office or registered agent, or both, in the State of Florida.		
The name of the corporation: Brooks Insurance Agency, Inc.		
2. The principal office address: 1120 Madison Avenue, Toledo, OH 43604	********	
	9	ZS.
3. The mailing address (if different):	3	<u> </u>
•	5	
4. Date of incorporation/qualification: 04/11/2006 Document number: F06000002302	-	390
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	9:44	STATE
NRAI Services, Inc.		•
2731 Executive Park Drive, Suiter	•	
Weston, FL 33331		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	•	
Registered Agent Solutions, Inc.	J.	ميته
155 Office Plaza Dr. Suite A		
(P.O. Box NOT acceptable) Tallahassee, FL 32301		
Tallallassee, FL 32301		-
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ed agent,	
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.	C	
(Signature of an officer of director) (Printed or typed name and title)	Fin/Ad	
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 per of my divides, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this n that the	;
(Date)		
(Signature of Registered Agent) (Date) If signing on behalf of an entity:		
Thanya Gonzalez; Assistant Secretary (Typed or Printed Name)		

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

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