

F95 00000 1376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

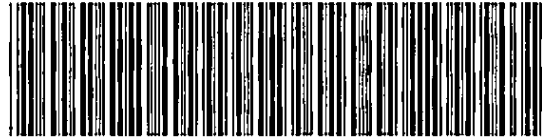
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JUL 06 2021

Amend

2021 AUG 30 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

AUG 31 2021  
A RAMSEY

X 00789, 00524, 00671



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2021 AUG 30 PM 2:48

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2021

MARK M. SIMPKINS  
BROCKETTE/DAVIS/DRAKE, INC.  
4144 N. CENTRAL EXPWY #1100  
DALLAS, TX 75204 US

SUBJECT: BROCKETTE/DAVIS/DRAKE, INC.  
Ref. Number: F95000001376

We have received your document for BROCKETTE/DAVIS/DRAKE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida profit corporation and your entity is a foreign (out of state) corporation. I have enclosed the correct form for your convenience.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 721A00017686

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Brckette/Davis/Drake, Inc.  
Name of Corporation

DOCUMENT NUMBER: F95000001376

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark M. Simpkins

Name of Contact Person

Brckette/Davis/Drake, Inc.  
Firm/Company

444 N. Central Expwy #1100  
Address

Dallas, TX 75204

City/State and Zip Code

msimpkins@boddeng.com

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

For further information concerning this matter, please call:

Mark M. Simpkins

Name of Contact Person

at ( 214 ) 824-3647

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F95000001376  
(Document number of corporation (if known))

1. BROCKETTE/DAMIS/DRAKE, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. TEXAS 3. 3/22/1995  
(Incorporated under laws of) (Date authorized to do business in Florida)

FILED  
2021 AUG 30 AM 9:28  
SECRETARY OF STATE  
TAMU

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

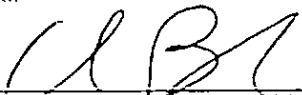
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President/ Director</u>	<u>Cody B Campbell</u>	<u>4144 N. Central Expwy #1100</u>	<input checked="" type="checkbox"/> Add
		<u>Dallas, TX 75204</u>	<input type="checkbox"/> Remove
<u>President</u>	<u>Robert E. Hill</u>	<u>4144 N. Central Expwy #1100</u>	<input type="checkbox"/> Add
		<u>Dallas, TX 75204</u>	<input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Christopher R. Borchers</u>	<u>4144 N. Central Expwy #1100</u>	<input checked="" type="checkbox"/> Add
		<u>Dallas, TX 75204</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>Ryan W. Donahue</u>	<u>4144 N. Central Expwy #1100</u>	<input checked="" type="checkbox"/> Add
		<u>Dallas, TX 75204</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>Robert E. Hill</u>	<u>4144 N. Central Expwy #1100</u>	<input type="checkbox"/> Add
		<u>Dallas, TX 75204</u>	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

CHRISTOPHER R. BORCHERS  
(Typed or printed name of person signing)

PARTNER/VICE PRESIDENT  
(Title of person signing)

FILING FEE \$35.00