

B07000000044

Return acknowledgment to:

★  
Capitol Services, Inc.  
P.O. Box 1831 Austin, TX 78767  
800/345-4647 MSH

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

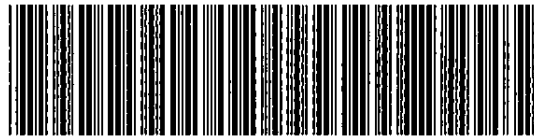
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100163931741

12/24/09--01021--004 \*\*35.00

FILED  
09 DEC 24 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 28 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** BROCK SERVICES, LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B07000000044

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Myra Homer

(Contact Person)

Capitol Corporate Services, Inc.

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City, State and Zip Code)

For further information concerning this matter, please call:

Myra Homer

(Name of Contact Person)

at ( 800 )

345-4647

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BROCK SERVICES, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/8/2007  
Date of filing/registration in Florida

3. B07000000044  
Florida document number

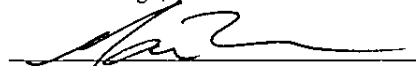
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Capitol Corporate Services, Inc.  
Name  
155 Office Plaza Drive, Suite A  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

 By: Brock Services Holdings, LLC Its General Partner  
Signature of General Partner By: Brock Holdings III, Inc. Member  
M. Thi Tran, Secretary

*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 obligations of my position as registered agent.*

Delanie Case Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

FILED  
09 DEC 24 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA