

F04000002968

(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:

Office Use Only



500276167755

08/24/15--01014--024 **35.00

FILED
15 SEP 15 AM 10:51

C McNAIR

SEP 16 2015

AUG 25 2015

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP 15 AM 10:38

August 25, 2015

ANDREW SCARR
BROCKINGTON AND ASSOCIATES, INC.
3850 HOLCOMB BRIDGE RD., SUITE 105
NORCROSS, GA 30092

SUBJECT: THE BROCKINGTON INSTITUTE, INC.
Ref. Number: ~~F12~~ DDDDD2315

15 SEP 15 AM 10:51

FILED

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

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 415A00017961

★ The Ref. Number was actually incorrect. Everything else is correct. See corrections.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Brockington and Associates, Inc.**

Name of Corporation

DOCUMENT NUMBER:

12000002315 F04000002968

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:

Andrew Scarr

Name of Contact Person

Brockington and Associates, Inc.

Firm/Company

3850 Holcomb Bridge Rd, Suite 105

Address

Norcross, GA 30092

City/State and Zip Code

andrewscarr@brockington.org

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

For further information concerning this matter, please call:

Sally Brockington

Name of Contact Person

at **678 638-4155**

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

1. The name of the corporation: Brockington and Associates, Inc.
2. The principal office address: 3850 Holcomb Bridge Rd, Suite 105, Norcross, GA 30092
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/27/2004 Document number: 2050002116 **FOF00000**

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)

Steve Rabbysmith

4095 Barrancas Avenue

Pensacola, FL 32507

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

Incorp Services, Inc.

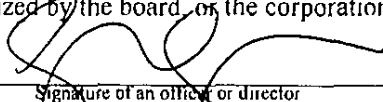
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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 of an officer or director

Sally Brockington, 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.



Signature of Registered Agent

08/11/2015

Date

If signing on behalf of an entity:

Jackie DeFilippis on behalf of Incorp Services, Inc.

Typed or Printed Name

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