

F090000004895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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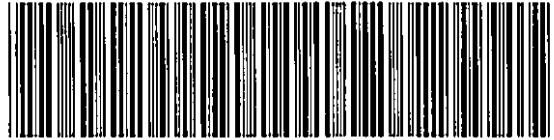
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2018 JUN 18 AM 11:36

TO: Registration Section
Division of Corporations

SUBJECT: Brook Ledge, Inc.
Name of ~~Limited Partnership or Limited Liability~~ Corporation

DOCUMENT NUMBER: F09000004895

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:

Dennis Rittenhouse
Contact Person

Brook Ledge, Inc.
Firm/Company

12 Gortwals Lane/PO Box 56
Address

Oley, PA 19547
City, State and Zip Code

dennisr@brookledge.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Rittenhouse at (610) 987-6281
Name of Contact Person 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

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

1. The name of the corporation: Brook Ledge, Inc.
2. The principal office address: 12. Galtwais Lane / PO Box 56
Oley, PA 19547
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 1/29/1998 Document number: F09000004895
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)

Theresa O'Brien

20244 Melville St.

Orlando, FL 32833

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

Theresa O'Brien

47 S. Hamilton Springs Road

P.O. Box NOT acceptable

St. Augustine, FL 32084

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 individual

Dennis Rittenhouse VP, CFO, + Secretary
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]
Signature of Registered Agent

5/21/18
Date

If signing on behalf of an entity:

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)

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