F93000003040

(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:





600221981666

02/16/12--01010--014 **35.00



Son Son

FEB 1 6 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	G.N. BROOKS PER			.	
	Name of	Corporation	on	· · · · · ·	
DOCUMENT NUMB	ER:F9	9000003	8040		
The enclosed Statement	of Change of Registered Off	ice/Agent	and fee are s	ubmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the fo	ollowing:		
	,				
	Car Name of C	ol Fein Contact Pen			
	Name of C	ontact Pen	SOII		
	G.N.Brooks I	Personne	el Corp.		
		Company	···		
• •					
6277 D Graycliff Drive Address					
			LVHARIVE.	ta (Calente	
	CAMPATER CONTROL OF THE		្សីកូមម ប្រជ	METAS CHARACTERS AND	
Boca Raton, FL 33496 City/State and Zip Code					
	City/State	and Zip Co		•	
	lfgnb1@b	ellsouth.r		•	
E-mail address: (to be used for future annual report notification)					
	•				
For further information	concerning this matter, please	e cali:			
C	Carol Fein	at (800	491-1734	
	Contact Person	— at (A	rea Code & I	491-1734 Daytime Telephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depa	artment of	State.		
	Mailing Address:	•	Street Add		
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6327					
	Tallahassee, FL 32314			cutive Center Circle	
		, t	Tallahasse	e, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this year king year ki
1. The name of t	he corporation: G.N. Brooks Personnel Corp
2. The principal	office address: 6277 D Graycliff Drive Boca Raton, FL 33496
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 6/26/74 Document number: F93000003040
	street address of the current registered agent and registered office on file with the trnent of State: (If resigned, enter resigned)
	Louis Fein 75
	6277D Graycliff Drive
	Boca Raton, FL 33496
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Carol Fein
	6277 D Graycliff Drive
	P.O. Box NOT acceptable Boca Raton, FL 33496
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Carolina Signatur	Fix - Vice resident Carol Fein e of an officer or director Printed or typed name and title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
_ Caesel	2/6/12 <u>2/6/12</u>
Sign If signing on bel	half of an entity:
Ту	Carol Fein rped or Printed Name

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