K 36270

(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



400033603244

05/06/04--01048--012 **35.00



5/12

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: BROCK ERIE ENTERPRISES, INC.	
(Name of c	orporation)
DOCUMENT NUMBER: K36270	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Fred Irizarry	
(Name of	person)
BROCK ERIE ENTERPRISES, INC. (Name of firm	o/company)
(Name of this	b Company)
9842 Boca Gardens Trail Apt. D (Addr	ecc)
(Audi	
Boca Raton Florida, 33496 (City/state an	d zin code)
For further information concerning this matter, please call:	
Fred hizoma	. CP4 \ A70 4001
(Name of person)	at (561) 479-4001 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department	at of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO: Amendment Section

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 Statu		ement of
-	tted for a corporation organized under the laws of the State of Florida		_in order
to change its reg	gistered office or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: BROCK ERIE ENTERPRISES, INC.		
2. The principal	office address: 9842 Boca Gardens Trail Apt. D Boca Raton Florida, 33496		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 10/04/1988 Document number: K36270	· · · · ·	
	d street address of the current registered agent and registered office on file with the rtment of State:	e	
	Fred Irizarry		
	3941 N.W. 5TH ST COCONUT CREEK FL 33066-1809		
			6
			40
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	NE TAR VHASS	MAY
	Fred Irizarry	E O	တ် 🖁
	9842 Boca Gardens Trail Apt. D Boca Raton Florida, 33496	F ST	=
	(P.O. Box or personal mailbox NOT acceptable)	TEST TO THE	12
The street addreshanged will be	ess of its registered office and the street address of the business office of its registered.	gistered age	ent, as
	as authorized by resolution duly adopted by its board of directors or by an office corporation has been notified in writing of the change.		
Fred	Fred Irizarry - F		
	Signature of an officer of director) (Printed or typed name	•	
duties, and I an	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comple in familiar with and accept the obligation of my position as registered agent. (ely to reflect a change in the registered office address, I hereby confirm that to writing of this change.	te performa Or, if this do he corporat	nce of my ocument is ion has
Fel	4-30-20	04	
	(Signature of Registered Agent) (Date)		
If signing on be	ehalf of an entity:		
	Fred Inizarry Presider		
	(Canacity	Δ	= :

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