## L050000052895

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	au l
105-57895	PARC	Change

Office Use Only



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SECRETAL STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Brooks Manaa (Name of Lim	gement, LLC  Inted Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for fil	ling.		
Please return all correspondence concerning this	s matter to the following:			
John N. Brigger (Name of Person)				
Forsyth S Brigger 1 (Firm/Company)	BA.			
600 5th Ave S. Su (Address)	1 k 207	SECKL	VON SO	•
Naples, PL 34102 (City/State and Zip Code)	ASSEE. FLC	ORE STATE OF STATE	15 NOV 29 PM 4:48	
For further information concerning this matter, p	<u></u>		84:	
Name of Person) at	(Area Code & Daytime Teleph	_ ione N	lumbe	r)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following a	amount:			
\$25 Filing Fee	S55 Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

<b>3</b>
1. The name of the limited liability company is: Brooks Management, LLC
2. The mailing address of the limited liability company is: 1955 SE 31st ST.
Care Carel . 51 339104
25/27/2005 LUS 0000 52895  3. Date of filing/registration in Florida  4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name  120 East Obliand Park Blul, Suite 2011  Address  T-L. douderdele, Fl, 33334  City, State and Zip
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable)  Noples FL 34102  City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**