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Wrong form LLC NOT CORP

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

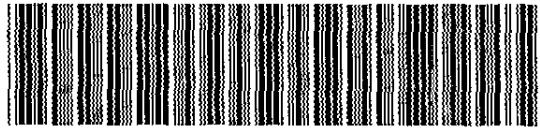
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7/8 P/A change

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brooke Agency Services Company, LLC
(Name of corporation)

DOCUMENT NUMBER: M02000001918

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:

Susan James
(Name of person)

Brooke Agency Services Company, LLC
(Name of firm/company)

10950 Grandview, Suite 600
(Address)

Overland Park, KS 66210
(City/state and zip code)

For further information concerning this matter, please call:

Susan James at (800) 642-1872 ext. 168
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 5, 2004

SUSAN JAMES
BROOKE AGENCY SERVICES COMPANY LLC
10950 GRANDVIEW, SUITE 600
OVERLAND PARK, KS 66210

SUBJECT: BROOKE AGENCY SERVICES COMPANY LLC
Ref. Number: M02000001918

We have received your document for BROOKE AGENCY SERVICES COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 804A00030806

**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.

1. The name of the limited liability company is: Brooke Agency Services Company, LLC
2. The mailing address of the limited liability company is : 10950 Grandview, Suite 600
Overland Park, Kansas 66210

7/22/2002

M02000001918

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, Florida 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Gerald Grubba

Name

101 Federal Place, Suite 101

Florida street address (P.O. Box NOT acceptable)

Tarpon Springs, FL 34689

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.

Shawn T. Lowry
(Signature of a member or authorized representative of a member)

Shawn T. Lowry

(Printed or typed name of signer)

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.

Gerald R. Grubba
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314