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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: Bro	ooke Agency Services Compar	y, LLC		
2. The mailing address of the	he limited liability compa	any is: 10950 Grandview, Sui	ite 600		
Overland Park, KS 62210		,			
Overland Fairly NO 02210	*******	•			·
July 22, 2002 M02000001918					
3. Date of filing/registration in Florida 4. Document num			per		
5. The name of the registere Florida Department of St		d office address as shown or	the record	s of the	
	Gerald Grubba				
_	Na	ame			
101 Federal Highway, Suite 101					
Address					
Tarpon Springs, FL 33689					
	City, Sta	te and Zip			
6. The name and address of the new registered agent and/or office:				7 pr 1	er ony
NRAI Services, Inc.		E TO LOS		- 1	
Name					- ,
2731 Executive Park Drive, Suite 4			1.1.	2Կ	;
Florida street address (P.O. Box NOT acceptable)			<u>></u>		
v	Veston F	L 33331		11: 2	
	City, State	and Zip	(1)	<u>12</u>	
confirmed that after the cha and the business office of the liability company, it is herely the members of the limited the operating agreement of the operation	tment as registered agent will be the company or as of the limited liability company or as of the company of the company of the obligations of the obligations of the obligations of the company of the comp	er the laws of the State of Flo, the Florida street address of e identical. Or, in the case of ange(s) was/were authorized therwise provided in the article of the article of the proper and complete per the proper and complete per my position as registered as to merely reflect a change is ompany has been notified in the state of the proper and complete per the	f the register f a Florida by an affire cles of orga acity. I fur	ered offilimited native vanization	vote of n or ree to tties,
(Signature of Registered Agent) Anthony Alexander, Asst. Sec Division	c. of Corporations, P.O. I	Box 6327, Tallahassee, FL	32314		

FILING FEE: \$25.00

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