## M08000004547

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SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS:

T. HAMPTON
DEC 1 6 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BROCK ENTERPRISES TEXAS, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for	r filing.	
Please return all correspondence concerning this matter to the following:		
Myra Homer (Name of Person)		
Capitol Corporate Services, Inc.  (Firm/Company)		
800 Brazos, Suite 400 (Address)		
Austin, TX 78701 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Myra Homer at (800) 345 - 4647 (Name of Person) (Area Code & Daytime Telephone	Number)	
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 amount:		
■ \$25 Filing Fee & Certified Control Return acknowledge Control Return acknowledge Retur		

INHS18 (5/08)

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647 YNSH



## Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

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

DATE: STATE: 12/10/2009 FLORIDA

REP UNIT:

**BROCK ENTERPRISES, LLC** 

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #18511 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

## 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. Name of the limited liability company: <b>BROCK</b> 1	<u>ENTERPRISES TEXAS, LLC</u>
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 10343 Sam Houston Park Dr., Ste. 200 Houston, TX 77064
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
10/9/2008	M08000004547
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Rd Plantation, FL 33324
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Capitol Corporate Services, Inc.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE A  Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business
By: Brook Holdings III, Inc. Sole	- CALL
(Signature of a member or authorized representative of a member)	DEC
M. Thi Tran Secretary (Printed or typed name of signde)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to open and complete performance of my duties and because as registered agent as provided for in Chapter 602 performance in the registered office address, I hereby in writing of this change.
(Signature of Registered Agent)	St. 366.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00