

8/19/2020

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: monica.walker@brookarehab.org

**REGISTERED AGENT CHANGE**  
**BROOKS SKILLED NURSING, INC.**

Certificate of Status	0
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **BROOKS SKILLED NURSING, INC.**  
Name of Corporation

DOCUMENT NUMBER: **N09000003137**

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:

**Monica Walker**

Name of Contact Person

**Brooks Skilled Nursing, Inc.**

Firm/Company

**3599 UNIVERSITY BLVD. S**

Address

**JACKSONVILLE, FL 32216**

City/State and Zip Code

**Monica.Walker@Brooksrehab.org**

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**Kathy Clark**

Name of Contact Person

at **800 567-4397**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# 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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brooks Skilled Nursing, Inc.
2. The principal office address: 3599 UNIVERSITY BLVD. S, JACKSONVILLE, FL 32216
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/27/2009 Document number: N09000003137

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PASCOE, BEVERLY A  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
P.O. Box: NOT acceptable  
TALLAHASSEE, FL 32312

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 CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
 Signature of an officer or director

Doug Baer President  
 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy Clark  
 Signature of Registered Agent

8/19/2020

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary  
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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