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 : I20150000127
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@brooksrehab.org

REGISTERED AGENT CHANGE BROOKS SKILLED NURSING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help 20 2020

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COVER LETTER

TO:

Amendment Section Division of Corporations

BROOKS SKILLED NURSING, INC.

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

Varne of Contact Person

Brooks Skilled Nursing, Inc.

3599 UNIVERSITY BLVD. S

City/State and Zip Code

Monica.Walker@Brooksrehab.org

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

For further information concerning this matter, please call:

Kathy

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

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 F.O. Ben NOT exceptable TALLAHASSEE, FL 32312 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 charge was authorized by resolution duty adopted by its board of directors on by an officer so authorized by the board, or the composition has been notified in writing of the change: I have by accept the appointment at registered agent and agree to act in this capacity, law the provisions of all siquitures relative to the proper and complete performance of my duties, and I am gimilar with an accept the obligation of my pasting as registered agent, Or, if this adocument is being filed my and accept the obligation of my pasting as registered agent, or, if this adocument is being filed my and accept the obligation of my pasting as registered agent, or if this adocument is being filed my and accept the obligation of my pasting as registered agent and accept the obligation of my pasting as registered agent and accept the obligation of my pasting as registered agent, Or, if this adocument is being filed my and accept the obligation of my pasting as registered agent and accept the obligation of my pasting as registered agent and accept the obligation of my pasting as registered agent and accept the obligation of my pasting as registered agent. Supparent of Registered Age	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.
4. Date of incorporation/qualification: 03/27/2009	1. The name of the corporation: Brooks Skilled Nursing, Inc.
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 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Superaure of an officer of director of the comporation has been notified in writing of the change. I have by accept the appointment as registered agent and agree to act in this compared to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. It has document is being filed merely to reflect a change, in the registered office adartes, I have been notified in writing of this change. 1 I further agree to comply with the provisions of all signites 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. In this document is being filed merely to reflect a change, in the registered office adartes, I have been notified in writing of this change. 8/19/2020 Supragure of Regulated Agent 1 Signing on behalf of an entity: Kathy Clark, Assistant Secretary Typed or Printed Name *** FILING FEE: \$35.00 ***	3. The mailing address (if different):
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* * * FILING FEE: \$35.00 * * *	
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AAAD TO DIVISION OF CORPORATIONS P.O. BOY 6327 TALLAHASSEE FL. 32314	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6324, PALLAHAS CR2E045 (03/12)