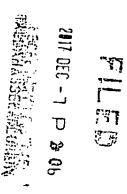
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Brook field Neighborhood Association, Inc. DOCUMENT NUMBER: N9400004221 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: Charles Evans Glausier Name of Contact Person Glausier Knight, PLLC Firm/Company 400 N. Ashley Drive, Ste. 2020 Address ∏ampa, FL 33602 cglausier@glausierknight.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Evans Glausier Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.0		
	ange is submitted for a corporation org		
			•
1. The name of	the corporation: Brookfield Neig	hborhood Association	n, Inc.
2. The principal	al office address: 17824 N. US F	lwy 41., Lutz, FL 335	549
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: 08/29/1994	Document number:	N94000004221
	nd street address of the current registere artment of State: (If resigned, enter resigned)		on file with the
	Charles Evans Glausier	-	
			.
	1801 N. Highland Avenue		
	Tampa, FL 33602		_
6. The name and (if changed):	nd street address of the new registered a	gent (if changed) and /or regis	stered office
	Charles Evans Glausier		
	400 N. Ashley Drive, Suite	2020	
	· · · · · · · · · · · · · · · · · · ·	NOT acceptable	(C) 1 Pares
	Tampa, FL 33602		
The street addreas changed will	ress of its registered office and the stre Il be identical.	eet address of the business off	
Such change wa authorized by the	vas authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors on notified in writing of the char	or by an offi ce r so nge.
131 Zell	two Kirincicle		
Lharahy accent	the appointment as registered agent to comply with the provisions of all st f my duties, and I am familiar with and his document is being filed merely to r a that the corporation has been notifie	Printed or typed no and agree to act in this capac tatutes relative to the proper of d accept the obligation of my reflect a change in the register d in writing of this change.	cit:
(ha	la Kr	Le DEC	-17
Sig	gnature of Hegistered Agent	Date	
If signing on be	ehalf of an entity:		
T	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)