

(Requestor's Name)	
(Address)	9001852229
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/14/1001012008
(Document Number)	्राई इत्यापन प्रमु इत्यापन प्रमु स्थापन प्रमुख्या
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**35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Brunson & Associates, Inc. Name of Corporation
DOCUMENT NUMBER: P03000061142
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:
Name of Contact Person
Brunson & Associates, Inc.
Firm/Company
4471 River Trail Rd. Address
Jacksonville, FL 32277 City/State and Zip Code
Ony/Build and Dip Code
e_bruns@bellsouth.net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ed Brunson at (904) 504-5395
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15		
statement of change is submitted for a corporation organized unde	•	_
in order to change its registered office or registered agen	•	
1. The name of the corporation: Brunson AND Associates,		·
2. The principal office address: 4471 River Trail Rd., Jackson	onville, FL 32277	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 2003 Doc	cument number: P0300006114	2
 The name and street address of the current registered agent and r Florida Department of State: (If resigned, enter resigned) 	registered office on file with the	
্য Edward Brunson, তির		
2626 Crystal Cove Ct.		
Jacksonville, FL 32224	3	
6. The name and street address of the new registered agent (if changed):	ged) and /or registered office	T. Marian
J. Edward Brunson, Jr.		
4471 River Trail Rd.	PH 12: L5	
P.O. Box NOT acceptable)
Jacksonville, FL 32277	45.	
The street address of its registered office and the street address of as changed will be identical.	of the business office of its registered age	nt,
Such change was authorized by resolution duly adopted by its be authorized by the board, or the corporation has been notified in v	oard of directors or by an officer so writing of the change.	
Signature of an officer or director	J. Edward Brunson, Jr. Printed or typed name and title	-
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relate of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the register corporation has been notified in writing of this change.	o act in this capacity. ive to the proper and complete performa fmy position as registered agent. Or, if i red office address, I hereby confirm that i	nce this the
(X20)	July 20, 2010	
Signature of Registered Agent	Date	<u>. </u>
If signing on behalf of an entity:		
Typed or Printed Name		

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