## P05000009518

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RA (Change (198/20)09

## **COVER LETTER**

Division of Corporations
SUBJECT: BROOKE - JAX CORP.  Name of Corporation
DOCUMENT NUMBER: POSOGOOO9518
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:
ANDREA J. MAYER  Name of Contact Person
BROOKE- JAX CORP. Firm/Company
8021 PRILIPS WIGHWAY SUTICH!
BODI PRILIPS WIGHWAY SUTTET!  Address  JACKS GNVILLE, FLORIDO 32256  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at ( 904) 731-7922  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

## 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 FLOR in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BROOK & - JOX CORP.
2. The principal office address: 8021 PNILIPS NIGHWAY SUITE#/  JACKSONVILLE, PLORIDA 32256
JACKSONVICCE, FCORIDA 36236
3. The mailing address (if different): Sport
4. Date of incorporation/qualification: 1192005 Document number: POS 00060 9518
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)
MAYER, MICRAEL T.
8021 PHILIPS NIGHWAY SUTTE #1
JOCKSONVILLE, FLURIOR 32256 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAYER, ANDREA J.
8021 PRICIPS WIBHURY SUITE#
MAYER, ANDREA J.  8021 PRICIPS WIBHURY SUITE#/ P.O. BOX NOT acceptable  JACK SONVILLE, FLORIDO 32256
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 of an officer or director  Signature of an officer or director  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.
Archea T. Mayer 8 9 09 Signature of Registered Agent 8 19 Date
If signing on behalf of an entity:
ANOREA J. MAYER Typed or Printed Name

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

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