

PD50000046689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

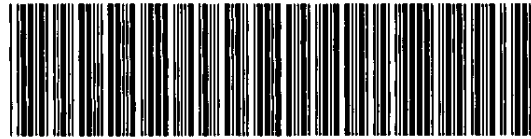
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
STATE OF CONNECTICUT

Polch 8
@ 9/26/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: William Torres, P.A.
Name of Corporation

DOCUMENT NUMBER: P050000046689

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:

William Torres

Name of Contact Person

William Torres, P.A.

Firm/Company

4180 N Highway A1A, # 603

Address

Fort Pierce, Florida 34949

City/State and Zip Code

williamsells4u@gmail.com

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

For further information concerning this matter, please call:

William Torres

Name of Contact Person

at (772) 209-2066

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2012

WILLIAM TORRES
BROOKMAN CORP.
4180 N. HIGHWAY A1A #603
FORT PIERCE, FL 34949

SUBJECT: WILLIAM TORRES PA
Ref. Number: P05000046689

We have received your document for WILLIAM TORRES PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 012A00023074

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

Pursuant to the provisions of sections 607.0502, 517.0502, 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: William Torres, P.A.
2. The principal office address: 4180 N Highway A1A, # 603, Fort Pierce, Florida 34949
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/2005 Document number: P05000046689
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)

William Torres

2054 SW Providence Place

Port St. Lucie, Florida 34953

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

William Torres

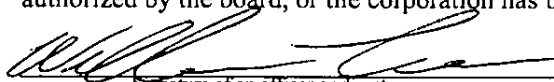
4180 N Highway A1A, # 603

P.O. Box NOT acceptable


Fort Pierce, Florida 34949

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.

 William Torres President
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.

 9/6/2012
Signature of Registered Agent Date

If signing on behalf of an entity:

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)

12 SEP 26 PM 1:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA