Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000251783 3)))



H100002517833ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE BROOKSTONE SECURITIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

11/19/2010

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

statement of ch	unge is submitted for a co	orporation organiz	, 607.1508, or 617.1508, Floi ed under the laws of the State ed agent, or both, in the State	e of Florida
	the corporation: EROOK		<del>-</del>	
	l office address: 2920 Dr			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification:_	07/12/2005	Document number;	P05000097747
	d street address of the cu iriment of State; (If resign		ent and registered office on file)	le with the
	AIRTH, HAL A JR			
	500 SOUTH FLORIDA AVENUE, STE 800			
	LAKELAND FL 33801			
6. The name an (if changed):		w registered agent	(if changed) and for registere	d office
	CT Corporation System			
	c/o C T Corporation Sys	tem, 1200 South Fir	re Island Road	
		P.O. Box NOT a	cceptable	
	Pluntation, Florida 3332			<del></del>
The street addr	ess of its registered office I be identical.	e and the street ac	ddress of the business office	of its registered agent,
Such change wanthop zegl by t	as authorized by resolut he boayd, or the corpora	ion duly adopted l tion has been noti	by its board of directors or b fied in writing of the change	y an officer so
//m	m-		Rips Danielson,	
	र्वित को विभिन्न का वास्टिया		Printed or typed name	
Mereby accept I further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the provi nd I am familiar with an ing filed merely to reflec s been notifiedfin writing	istered agent and islants of all statut decept the oblight a change in the goft of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered uffice address, I i	t toomplete performance stered agent. Or, if this hereby confirm that the
Ву:	Corporation System	Jel L	LI-18-10	
	half of an entity. Nadonna Cuddihy	$\mathcal{C}$		
Spec	ial Assistant Secre	etary		
	Typed or Printed Name	•		

10 NOV 19 PM 3: 02

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, F1. 32314
CR2E045 (8/05)

المرسية