P07000085607

(Requestor's Name)
•
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STANK

C.COULLIETTE

DEC 3 0 2009

EXAMINER



December 22, 2009

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

RE: Brooks Options, Inc.

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office, along with the required filing fee in the amount of \$35.00 for the above referenced entity.

If you should have any questions, please feel free to contact me.

Sincerely,

Celeste A. Stellabott Legal Department

Enclosure

COVER LETTER

TO: Amendm Division	ent Section of Corporations		
SUBJECT:		otions, Inc.	
DOCUMENT N	umber:P	07000085607	<u>_</u>
The enclosed Sta	tement of Change of Registered O	ffice/Agent and fee are subm	itted for filing.
Please return all	correspondence concerning this ma	atter to the following:	
		A. Stellabott	
	Name of	Contact Person	
	Susquehanna Int	ternational Group, LLP n/Company	
	1 1111	леотрану	
	401 City Av	venue, Suite 220	
•		Address	
	Bala Cyn	wyd, PA 19004	
	City/Stat	wyd, PA 19004 le and Zip Code	
	celeste stel	labott@sig.com	
	E-mail address: (to be used for	or future annual report noti	ification)
For further inform	nation concerning this matter, plea	se call:	
,	Celeste A. Stellabott	. 191	EGO 40EE
	ame of Contact Person	at (<u>404</u>) Area Code & Dayt	562-1255 time Telephone Number
		•	·
Enclosed is a \$35	5.00 check made payable to the De	partment of State.	
	Mailing Address: Amendment Section	Street Address Amendment S	<u>8:</u> Section
	Division of Corporations		
	P.O. Box 6327	Clifton Build	-
	Tallahassee, FL 32314		ve Center Circle
	,	Tallahassee, I	FL 32301

TO:

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 Statu statement of change is submitted for a corporation organized under the laws of the State of <u>Flo</u> r	-		
in order to change its registered office or registered agent, or both, in the State of Floria	la.		
1. The name of the corporation: Brooks Options, Inc.			
2. The principal office address: 1515 N. Federal Highway, Suite 300, Office #29			
Boca Raton, FL 33432			
3. The mailing address (if different):	·····		
4. Date of incorporation/qualification: 7/24/2007 Document number: P070	000085	5607	
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)	e کار		•
Autumn Nesbeth, c/o SIG	ECF	890	
1515 N. Federal Highway, Suite 300, Office #29		DEC 2	tirus
Boca Raton, FL 33432	75 E	20 PM	gas (
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FLORIDA	# 3: 2¢	
555 South Federal Highway, Suite 400			
P.O Box NOT acceptable			
Boca Raton, FL 33432			
The street address of its registered office and the street address of the business office of its regas changed will be identical.		agent,	i
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	cer so		
Signature of an other or director Brian Sullivan, Treasu Printed or typed name and title	rer		
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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby co corporation has been notified in writing of this change.	te perfo ent. Oi onfirm t	rmance r, if this hat the	e s ?
Mu Nesbush 12/4/09			
Signature of Registered Agent Date			
If signing on behalf of an entity:			
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 * * *