

PD9000043619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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RD/chg  
@ 9/26/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brooknam Corp.

Name of Corporation

**DOCUMENT NUMBER:** P09000043619

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

Brooknam Corp.

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: BROOKNAM CORP.  
Ref. Number: P09000043619

We have received your document for BROOKNAM CORP. 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: 612A00023073

RECEIVED

12 SEP 26 AM 8:11

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brooknam Corp.
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: 5/18/2009 Document number: P09000043619
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

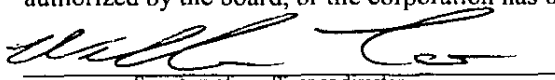
4180 N Highway A1A, # 603

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.

  
Signature of an officer or director

William Torres, President  
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.*

  
Signature of Registered Agent

9/6/2012

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 1:48  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA