

553421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

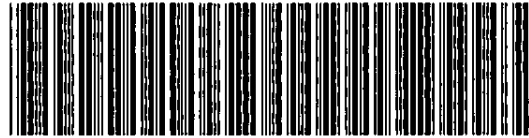
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/11/14--01011--026 \*\*150.00

09/16/14--01015--008 \*\*30.00

RECEIVED  
STATE OF NEW YORK  
SEP 16 2014

SEP 17 AM 10:21

FILED

SEP 18 2014

C. CARROTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2014

MARITN HIGGENBOTHAM  
3816 INDUSTRY BLVD.  
LAKELAND, FL 33811

SUBJECT: BRENMAR ADVERTISING, INC.  
Ref. Number: 553421

We have received your document for BRENMAR ADVERTISING, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 714A00017905

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brenmar Advertising  
Name of Corporation

**DOCUMENT NUMBER:** 553421

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:

Martin Higgenbotham  
Name of Contact Person

Brenmar Advertising  
Firm/Company

3816 Industry Blvd  
Address

Lakeland FL 33811  
City/State and Zip Code

angie @ higgenbotham . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Higgenbotham at ( 863 ) 644-6681  
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

**FILED**

**SEP 17 AM 10:21**

**FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of the corporation: Brenmar Advertising
2. The principal office address: 3816 Industry Blvd  
Lakeland FL 33811
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12-9-1977 Document number: 553421
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)

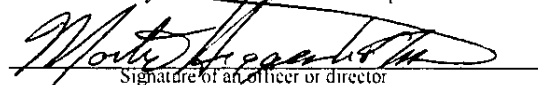
Martin E. Higgenbotham  
1666 Williamsburg Sq.  
Lakeland, FL 33803

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

Angela Poole  
3816 Industry Blvd  
P.O. Box NOT acceptable  
Lakeland FL 33811

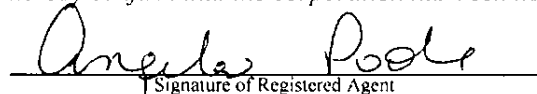
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Martin Higgenbotham  
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

9-9-14  
Date

If signing on behalf of an entity:

Angela Poole  
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