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AUG 26 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Lawrence Group, Inc.

Name of Corporation

DOCUMENT NUMBER, F01000002037

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:

Sandi Gau

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

amanda.auer@thelawrencegroup.com

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

For further information concerning this matter, please call:

Sandi Gau

,888 705 *-* 72

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

August 11, 2014

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: The Lawrence Group, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Sandi Gau

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

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

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or r a corporation organized under the l stered office or registered agent, or b	laws of the State of 🚾	ginia MISSOULI	
1. The name of the corporation: Th	e Lawrence Group, Inc.			
	9 N. 4th Street, Suite 1000,	St. Louis, MO	33102	
3. The mailing address (if different)):			
4. Date of incorporation/qualification	on: 04/17/2001 Documen	nt number: F010000	002037	
5. The name and street address of the Florida Department of State: (If re	ne current registered agent and registe resigned, enter resigned)	ered office on file with	the	
C T CORPOR	RATION SYSTEM			
1200 SOUTH	PINE ISLAND ROAD			
PLANTATION	N, FL 33324			
6. The name and street address of th (if changed):	ne new registered agent (if changed) a	and /or registered office	e	
Registered Aç	gent Solutions, Inc.		-	
155 Office Pla	aza Dr., Suite A	, i. w.	<u>:</u> :	
Tallahaaaa	P.O. Box NOT acceptable			
Tallahassee,	FL 32301	<u> </u>		
The street address of its registered as changed will be identical.	office and the street address of the b	ousiness office of its re	egistered agent,	
Such change was authorized by res authorized by the board, or the corp	solution duly adopted by its board of poration has been notified in writing	directors or by an off of the change.	icer so	
Signatule of an officer or director,	•	Stephen A. Smith, President Printed or typed name and title		
I further agree to comply with the performance of my duties, and I an agent. Or. if this document is being	registered agent and agree to act in provisions of all statutes relative to to find familiar with and accept the obligation of all the provision of the fill of the provision of this in the provision has been notified in writing of this in the provision of the p	the proper and comple ation of my position as the registered office a	s registered	
Signature of Registered Agent		Date		
If signing on behalf of an entity:				
Jaclyn Wright, Asst. Secre	etary			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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