

FO2000002263

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing
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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
TODD, BREMER & LAWSON, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 034 |
| Estimated Charge | \$35.00 |

FILED
2011 FEB 11 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



February 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TODD, BREMER & LAWSON, INC.
P.O. BOX 36788
ROCK HILL, SC 29732US

SUBJECT: TODD, BREMER & LAWSON, INC.
REF: F02000002263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H11000037417
Letter Number: 811A00003701

RE-SUBMIT

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11 FEB 14 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TODD, BREMER & LAWSON, INC.
Name of Corporation

DOCUMENT NUMBER: F02000002263

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:

Beth Zamorski
Name of Contact Person

TODD, BREMER & LAWSON, INC.
Firm/Company

560 S. Herlong Ave.
Address

560 S. Herlong Ave., SC - 29732
City/State and Zip Code

beth.zamorski@TBandL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Healy at (612) 832-1285
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

CR2B043 (8/05)

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

1. The name of the corporation: TODD, BREMER & LAWSON, INC.
2. The principal office address: 560 S. Herlong Ave.
ROCK HILL/SC/29732
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/29/2002 Document number: F02000002263
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE/FL/32301-2525

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

C T Corporation System

o/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

M. O. Niel Welborn, Jr.
Signature of an officer or director

MAX ONIEL WELBORN, JR.
Printed or typed name and title Vice President

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.

By: C T Corporation System
Jeanne Nelson
Signature of Registered Agent

2/11/11
Date

If signing on behalf of an entity:

Jeanne Nelson

Typed or Printed Name

**Jeanne Nelson
Assistant Secretary**

***** 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 (8/05)

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