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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
· . (Business Entity Name)					
(Document Number)					
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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

August 8, 2006

RE: Bank of the Ozarks

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Maggie Ferdinand – <u>maggie@paranetlegal.com</u>

Paranet Job No. 06-07-0331

Please file/submit the following on behalf of the above:

- 1. Change of Agent Application for each of the above
- 2. Check No. <u>87347</u> Amount <u>\$35.00</u>

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

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

1. The name of t	he corporation:	Bank of the Ozarks			
			2615 Chenal Parkway, Little Rock, AR 72211		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification:	8/23/2004	Document number:	F04000004913	
	street address of the cutment of State:	urrent registered age	ent and registered office or	1.0	
	C	T Corporation	n System	LECRE NO T	
	1200	South Pine I	Island Road	TAR SAR	
		Plantation, FL	. 33324	SEE F.	
6. The name and (if changed):	street address of the no	ew registered agent	(if changed) and /or regist	6 AUG 10 PM 12: 24 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE FLORIDA ered office	
		NRAI Servic	es, Inc.	 	
			k Drive, Suite 4		
	(P.	O. Box NOT acceptable)	22224		
		Weston, FL			
The street addre as changed will	ss of its registered off be identical.	ice and the street ac	ddress of the business off	ice of its registered agent,	
			by its board of directors of the cha		
<i>(</i> 5'			Scott Hasting	gs, President	
I hereby accept I further agree t of my duties, an document is bei	re of an officer or director) the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been notified in writi	visions of all statut nd accept the oblig ect a change in the	agree to act in this capa		
((Çin			<u> </u>	61	
λ/ `	half of an entity:	,	- (Date	J	
· •	erdinand, Asst.	Secv			
	yped 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 * * *