

P95000075958

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA-000000017

REFERENCE: \_\_\_\_\_  
(Sub Account)

DATE: 8/24/98

700002622937--0  
-08/24/98--01046--014  
\*\*\*\*210.00 \*\*\*\*\*35.00

REQUESTOR NAME: CARLTON FIELDS

ADDRESS: P. O. BOX 190

TALLAHASSEE, FL 32302

TELEPHONE: (850) 224-1585

CONTACT NAME: AILSA

CORPORATION NAME: \_\_\_\_\_

ENTITY NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Ailsa Anchetta

FILED  
98 AUG 24 PM 2:33 98 AUG 24 AM 11:34  
RECEIVED  
SECRETARY OF STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Certified Copy (1-9) | <input type="checkbox"/> UCC'S                      | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> New Filings          | <input type="checkbox"/> Plain Stamped Copy         | <input type="checkbox"/> Annual Report         |
| <input type="checkbox"/> Fictitious Name      | <input type="checkbox"/> Amendments                 | <input type="checkbox"/> Registration          |
| <input type="checkbox"/> Call When Ready      | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30            |
| <input checked="" type="checkbox"/> Walk In   | <input type="checkbox"/> Will Wait                  | <input type="checkbox"/> Pick Up               |
| <input type="checkbox"/> Mail Out             |   |  |

Statement of change of registered agents (6).

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: LBP Warehouse Management, Inc.

2. The mailing address of the corporation is: 6730 Epping Forest Way, N. #107  
Jacksonville, FL 32217

3. Date of incorporation/qualification: October 3, 1995 Document number: P95000075958

4. The name and address of the current registered agent and office:

Wright Moulton  
25 West Cedar Street, 4th Floor  
Pensacola, FL 32501

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Lewis B. Pollak  
6730 Epping Forest Way, N. #107  
Jacksonville, FL 32217

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Lewis B. Pollak

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Lewis B. Pollak, President

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Lewis B. Pollak

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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