

A97000073725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

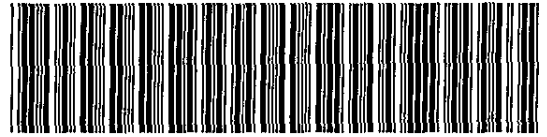
(Business Entity Name)

(Document Number)

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11/13/02--01043--010 \*\*35.00

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2002 NOV 13 PM 2:25 02 NOV 13 PM 12:38  
SECRETARY OF STATE TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

C. Coulllette NOV 13 2002

CT CORPORATION

CORPORATION(S) NAME

~~1) BCU Financial Services, Inc.~~

2) Linn & Associates, Inc.

- |                                              |                                                 |                                                  |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |                                                 |                                                  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|                                              | <input type="checkbox"/> Reinstatement          |                                                  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|                                              | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |                                                 |                                                  |

Name \_\_\_\_\_ 11/13/02 \_\_\_\_\_ Order#: 5216279  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_ CB \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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 : Linn & Associates, Inc.
- 2. The mailing address of the corporation : 6446 Central Avenue, Saint Petersburg, FL 33707
- 3. Date of incorporation/qualification: August 14, 1997 Document number: P9700007
- 4. The name and address of the current registered agent and office:

Max P. Linn  
6446 Central Avenue  
St. Petersburg, FL 33707

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

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

Kit Raseman (Signature of an officer, chairman or vice chairman of the board) 4-30-02 (Date)

Kit Raseman, Assistant Secretary  
(Printed or typed name and title)

*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.*

By: Leslie Danon (Signature of Registered Agent) 10/30/02 (Date)

If signing on behalf of an entity:  
Leslie Danon (Typed or Printed Name) Assistant Secretary (Capacity)

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

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