F09000003738

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA
10 MAY -7 AM 11:29

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing date of submission 5/7/10

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
IBERIABANK

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

RA/Rdchs
(1a 5/11/10

Electronic Filing Menu Corporate Filing Menu Help

May 10, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IBERIABANK
200 W CONGRESS ST
LAFAYETTE, LA 70501

SUBJECT: IBERIABANK
REF: F09000003738

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.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000111755
Letter Number: 110A00011724

RECEIVED
2010 MAY 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IBERIABANK
Name of Corporation

DOCUMENT NUMBER: F09000003738

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at ( ) 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

CR2E045 (8/05)

FLAS - 8/20/2009 CT System Online

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

1. The name of the corporation: IBERIABANK

2. The principal office address:
200 W CONGRESS ST LAFAYETTE LA 70501

3. The mailing address (if different):

4. Date of incorporation/qualification: 09/18/2009 Document number: F09000003738

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)

KELLEY, STEVEN

10161 CENTURION PKWY NORTH SUITE 350

JACKSONVILLE FL 32256

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

C T Corporation System

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

P.O. Box NOT acceptable

Plantation, Florida 33324

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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, or the corporation has been notified in writing of the change.

Stephanie Allison

Signature of an officer or director

Stephanie Allison, Vice President

Printed or typed name and title

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 obligations 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
Rebecca Booth

Signature of Registered Agent

Assistant Secretary
Rebecca Booth

05/03/2010

Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)