

F96000001282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

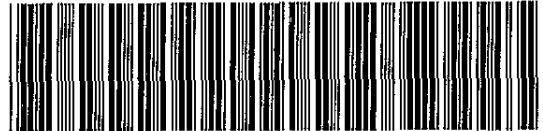
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/01/03--01043--009 **35.00

FILED
03 AUG -1 PM 2:45
RECEIVED
03 AUG -1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA DIVISION OF CLERK OF COURT

C. Ouellette AUG 01 2003

Tom Larson		
Requester's Name		
Address		
City/State/Zip	Phone #	
		Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. InterCoastal Financial, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

File 2nd

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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

1. The name of the corporation: InterCoastal Financial, Inc.
2. The principal office address: 10390 Santa Monica Boulevard, Suite 400, Los Angeles, California 90025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 13, 1996 Document number: F96000001282

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Rd.
Plantation, FL 33324

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

NRAI Services, Inc.

526 E. Park Avenue, Tallahassee, FL 32301

(P.O. Box or personal mailbox NOT acceptable)

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.

Kandis L. Partington
(Signature of an officer, chairman or vice chairman of the board)

Kandis L. Partington, Assistant Secretary
(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 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.

Sandra Hancock
(Signature of Registered Agent)

July 28, 2003
(Date)

If signing on behalf of an entity:

NRAI Services, Inc.
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA