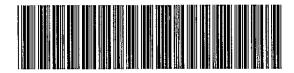
M 43355

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

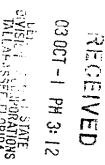
Office Use Only



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ON BERAICE COMPANA.	
ACCOUNT NO.	: 072100000032
REFERENCE	: 247338 7181999
AUTHORIZATION	:
COST LIMIT	: \$ PREPAID
ORDER DATE : October 1, 2003	
ORDER TIME : 2:14 PM	
ORDER NO. : 247338-020	
CUSTOMER NO: 7181999	
CUSTOMER: J. Reid Bingham, Esc Genovese Joblove & I 36th Floor 100 Se 2nd Street Miami, FL 33131	Battista
CHANGE OF A	GENT
NAME: BANKEST CAPITA	AL CORP
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER:

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

Pursuant to the p	provisions of sections 6	07.0502, 617.0502,	607.1508, or 617.1508, I	Florida Statutes
this statement of c	change is submitted for a	a corporation organ	nized under the laws of the	State of
Florida	in order to change	its registered offic	e or registered agent, or b	ooth, in the State
of Florida.				400 00
1. The name of th	e corporation: BANKEST	CAPITAL CORP.		700
2. The principal o	ffice address:			
1999 Brickel	l Ave., 11th Floor, M.	iami, FL 33131		7 023
3. The mailing ad	dress (if different):	a processor		٨٤٠٠ <u>ي</u> برستنو
				92
4. Date of incorpo	oration/qualification: Dec	cember 16, 1986	_ Document number: M433	155
5. The name and a Florida Departs		ent registered agent	and registered office on fi	le with the
<u> </u>	ector Orlansky			- ,
9	99 Brickell Ave., PH			•
<u> M</u>	iami, FL 33131			-
6. The name and changed):	street address of the ne	ew registered agen	t (if changed) and /or reg	istered office (i
Co	rporation Service Com	npany	MW-M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_
_1;	Ol Hays Street (P.O. Box	or personal mailbox NOT a	cceptable)	_
Ţa	llahassee, FL 32301	PARTY I delication	, , , months and	.
The street address agent, as changed	s of its registered office will be identical.	and the street addr	ess of the business office	of its registered
Zur	1 Minum		ts board of directors or by d in writing of the change. Freeman, Receiver (Printed or typed name and title)	an officer so
	nairman or vice chairman of the bo			
I further agree to performance of m registered agent. office address, I h	comply with the provising duties, and I am family Or, if this document is vereby confirm that the	ions of all statutes i liar with and accep being filed merely corredution has be	ree to act in this capacity. relative to the proper and it the obligation of my pos to reflect a change in the t en notified in writing of th	complete ition as registered iis change.
Cynthia	A Corresonative of Registered Agents	+	Whiles	 -
If signing on behalf of	of an entity: Cynthi	ia L. Harris		
(Тур	ed or Printed Name)	ts agent	(Capacity)	

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