P00000028031

`	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	6
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	

Office Use Only



200041355862

RA Change

10/05/04--01018--012 **35.00

PILED

FILED

SECRETARY OF STATE
SECRETARY OF STATE

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: FCB Financial, Inc. (Name of corporation)
DOCUMENT NUMBER: P00000028031
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:
Robert A. Jason (Name of person)
(Ivalie of person)
FCB Financial, Inc.
(Name of firm/company)
4600 W. Kennedy Blvd. (Address)
Tampa, FL 33609 (City/state and zip code) For further information concerning this matter, please call:
Albert M. Salem, Jr., J.D. at (813) 287-0502 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 21, 2004

ALBERT M. SALEM, JR., J.D. FIRST COMMERCIAL BANK OF TAMPA BAY 4600 WEST KENNEDY BLVD. TAMPA, FL 33609

SUBJECT: FCB FINANCIAL, INC. Ref. Number: P00000028031

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 704A00055506

Thelma Lewis Document Specialist Supervisor

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

of change is submit	tted for a corpor	ation organized under the	laws of the State o		tatement in
_	0 35	or registered agent, or b		rioriaa.	
1. The name of the	•				
2. The principal off	ice address:	4600 W. Kenned			
		Tampa, FL 33609)	·	
3. The mailing addr	ess (if different)	: Same			
4. Date of incorpora	ation/qualification	n:3/20/2000	_ Document number	er: P00000028031	
5. The name and str Florida Departme		e current registered agen	and registered offi	ice on file with the	
		J. A., Grandoff	, EVP		
_		4600 W. Kenned	y Blvd.	TALL SECTION	3 .TI
		Tampa, FL 3360	9	是只 ————————————————————————————————————	3
6. The name and street (if changed):	eet address of th	e new registered agent (if Robert A. Jason	J ,	SLOP FLOR	星 8:37
		4600 W. Kenned	y Blvd.		
		(P.O. Box or personal mailbox NO	T acceptable)		
		Tampa, FL 3360	9		
The street address o	of its registered ontical.	office and the street addr	ess of the business	office of its registered ag	ent, as
Such change was au by the board, or the	ithorized by reso corporation has	lution duly adopted by i	ts board of director of the change.	rs or by an officer so author	orized
Clu	1/1		Albert M. Sa	alem, Jr., J.D.	
` •	an orticer of director)	į (Jhairman		_
l hereby accept the d I further agree to co my duties, and I am document is being fi corporation has bee	mply with the p familiar with ar iled merely to re	registered agent and agr rovisions of all statutes r ad accept the obligation flect a change in the reg ting of this change.	ee to act in this ca elative to the prop of my position as r istered office addr	pacity. er and complete performa egistered agent. Or, if thi ess, I hereby confirm that	ince of S the
7/10	1910	:	September 23	3. 2004	
(Signatur	of Registered Agent			Date)	_
f signing on behalf	of an entity:				
(Typed e	or Printed Name)		(Ca	anacity)	_

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