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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

L C B MORTGAGE CORPORATION

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10/24/01

(H010001089274)

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 24, 2001

L C B MORTGAGE CORPORATION
SUITE 855
1747 VAN EUREN ST.
HOLLYWOOD, FL 33020

SUBJECT: L C B MORTGAGE CORPORATION
REF: P01000032598

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 must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Corporate Specialist

FAX And. #: H01000108927
Letter Number: 201A00058477

*Can we please have it filed,
dated 10/22/01.*

Thank you!

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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 23, 2001

L C B MORTGAGE CORPORATION
SUITE 855
1747 VAN BUREN ST.
HOLLYWOOD, FL 33020

SUBJECT: L C B MORTGAGE CORPORATION
REF: P01000032598

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.

THE FAX AUDIT NUMBER, SHOWN IN THE DOCUMENT, IS INCORRECT.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Corporate Specialist

FAX Aud. #: H01000108927
Letter Number: 601A00058241

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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: LCB MORTGAGE CORPORATION
2. The mailing address of the corporation: 1747 VAN BUREN ST, # 855
HOLLYWOOD FL 33020
3. Date of incorporation/qualification: 3-26-01 Document number: P01000032598

4. The name and address of the current registered agent and office:

JULIAN B. BISHOP
2120 BAHIA LANE
WESTON FL 33327

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

AGENTS AND CORPORATIONS, INC
SUITE E, 773 4TH AVENUE NORTH
NAPLES FL 34102

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.

Jul B Bishop
(Signature of an officer, chairman or vice chairman of the board)

10-10-01
(Date)

JULIAN B. BISHOP, PRESIDENT
(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.

David Williams
(Signature of Registered Agent)

10/22/01
(Date)

If signing on behalf of an entity:

David Williams
(Typed or Printed Name)

President
(Capacity)

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

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