P.03000085650

(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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05/31/05--01021--017 **35.00



COVER LETTER

SUBJECT: L.A.W. FINANCIAL CORP. (Name of corporation)
DOCUMENT NUMBER: P03000085650
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)
L.A.W. FINANCIAL CORP. (Firm/Company)
1400 E. OAKLAND PARK BLVD. SUTTE ZIC
OAKLAND PARK FL. 33334 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (954) 630-0108 (Area code & daytime telephone number)
The should be a 625 00 about mode moughly to the Demonturement of State

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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 FLORIPA in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: L.A.W. FINANCIAL 2. The principal office address: \ AND PARK 3. The mailing address (if different): 4. Date of incorporation/qualification: Aug. 5, 2003 Document number: P0300085650 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: . FINANCIAL CORP. LINDA A AUDERDAL 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): PARK. 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. reall 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. If signing on behalf of an entity:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

(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