## FILED Apr 17, 2006 8:00 am Secretary of State

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		''	DOCUMENT # P03000090445						
	1. Entity Name BANCOCORP MORTGAGE, INC.					Secretary of State 04-17-2006 90374 037 ***150.00			
Princip	oal Place of Busin			`					
6152 S. CONGRESS AVE. LANTANA, FL 33472		Mailing Address 6152 S. CONGRE	CC AME						
	WK, 12 33472		LANTANA, FL 33	472	•	40051093			
2. Princ	cipal Place of Bus	siness	3. Mailing Address	<del></del>					
Suite	⊃ ∠ ⊃ ( e, Apt. #, etc.	Congress A	<u>ve</u> 6152 S	ir Conor	ess Ave				
1_1_	∍ntana		Suite, Apt. #, etc.	2-	C43 //re	04400	massa rathi Massi Willi	eraat eliheel ii ilee	
	& State		City & State			04132006 Chg-P	CR2E034 (11	1/05)	
l Zin		Country	Tlorid			4. FEI Number 83-0368440		Applied For	
	346Z	US	1 22 1/2	Country	,	Certificate of Status Desired	- 60.70	Not Applica	
OSDIN		and Address of Current	t Registered Agent		<u> </u>	<del>-</del>		Additional quired	
6152 S.	A, OSCAR CONGRESS	S AVE		Nar		7. Name and Address of New Reg	istered Agent		
LANTA	NA, FL 3347	2		Stre	et Address (P.	O. Box Number is Not Assessed	<del></del>		
		,			,	CONDIGEZ	Ave.		
				City	Lantar	<u>13</u>	<del></del>		
8. The about the obli-	ove named entity	submits this statement for	r the purpose of changing	its region to the	Lanta	agent, or both, in the State of Florida	FJ Zip (	Code	
SICALATION		reo agent.	- Congress	its registered office	e or registered	agent, or both, in the State of Florida	a. I am familiar w	3462	
- SIGNATUR	Signature, typed or	printed name of registered agent a						mi, and accep	
			nd title if applicable. (Ne	OTE: Registered Agent sig	mature required who	en reinstating)	<del></del>		
	ILE NOW!!! F May 1, 2006	EE IS \$150.00 Fee will be \$550.00		aign Financing	\$5.00	) May Do	DATE		
10.	Ta	OFFICERS AND D	1	<del></del>	Added to	lo Fees			
NAME	ST OSPINA, OS	<del></del>	☐ Delete	11.	P	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DC IN 11	
street address	\$   367 WOODS	SIDE DR		NAME				Addition	
CITY-ST-ZIP	WEST PALM	1 BEACH, FL 33415		STREET ADDRESS	6298	Crescent lake	Wa.		
TTLE Pame			☐ Delete	CITY-ST-ZIP	take	Worth, FL 3346	33		
TREET AODRESS			Boloto	NAME	1		☐ Change	☐ Addition	
ITY-ST-ZiP				STREET ADDRESS	1			L) Addition	
TLE Ame	}		☐ Delete	CITY-ST-ZIP	ļ +				
REET ADDRESS			- Detele	TITLE NAME	1		☐ Change	☐ Addition	
TY-ST-ZIP				STREET ADDRESS			L_ onlinge	☐ Addition	
LE ME			☐ Delete	CITY-ST-ZIP		_			
REET ADDRESS			∟J Delete	TITLE NAME			☐ Change		
Y-ST-ZIP				STREET ADDRESS			L_ change	☐ Addition	
E				CITY-ST-ZIP					
EET ADDRESS			☐ Delete	TITLE					
'-ST-ZIP				NAME STREET ADDRESS			☐ Change	☐ Addition	
=			·	CITY-ST-ZIP					
_ '			☐ Delete	TITLE					
				NAME STREET ADDRESS			☐ Change	Addition	
ET ADDRESS				O.T				1	
ET ADDRESS -ST-ZIP	tify that the info-	nation our "						,	
ET ADDRESS ST-ZIP	tify that the information this report or supration or the reco	nation supplied with this fi oplemental report is true a	ling does not qualify for the	le exemptions con	tained in Char	Ofer 119 Florida 9:	<b></b>		
ET ADDRESS ST-ZIP	tify that the inform this report or sup- ration or the recei on an attachmen	nation supplied with this fi oplemental report is true a iver or trustee empowered it with an address, with all	ling does not qualify for the indicaccurate and that my set to execute this report as other like empressed	ne exemptions consignature shall have required by Chapte	tained in Chap e the same leg er 607, Florida	oter 119, Florida Statutes. I further ce gal effect as if made under oath, that i	ertify that the info	rmation	
ET ADDRESS ST-ZIP	1	nation supplied with this fi oplemental report is true a liver or trustee empowered if with an address, with all	ling does not qualify for the indicaccurate and that my sometimes that indicate the execute this report as other like empowered.	ne exemptions consignature shall have required by Chapte	tained in Chap e the same leg er 607, Florida	oter 119, Florida Statutes. I further ce pal effect as if made under oath; that I Statutes; and that my name appears	in Block 10 or B	lock 11 if	