

1/23/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

*Naehg*  
JAN 25 2017

R. White\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
DESJARDINS FLORIDA LOAN CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
17 JAN 24 AM 7:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

17 JAN 24 AM 8:55

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DESJARDINS FLORIDA LOAN CENTER, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 4824143

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:

Timothée T. Tchamdja

\_\_\_\_\_  
Name of Contact Person

Fédération des caisses Desjardins du Québec

\_\_\_\_\_  
Firm/Company

1 complexe Desjardins, 36e Tour sud- 113

\_\_\_\_\_  
Address

Montréal, Quebec H3B 0B1

\_\_\_\_\_  
City/State and Zip Code

timothee.tchamdja@desjardins.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothée Tchamdja

514 281-7000 ex.5559778

\_\_\_\_\_  
Name of Contact Person

at ( )  
Area Code & Daytime Telephone Number

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

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2B043 (03/12)

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, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: DESJARDINS FLORIDA LOAN CENTER, INC.
2. The principal office address: 1001 E HALLANDALE BEACH BLVD
C/O DESJARDINS BANK, N.A., HALLANDALE BEACH, FL 33009
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/17/2010 Document number: F10000002980
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REGIS SELLIER
1001 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

17 JAN 24 AM 8:55

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.

[Signature]
Signature of an officer or director

ERIC LACHAINE, Director
Printed or typed name and title

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.

By: C T Corporation System [Signature]
Signature of Registered Agent

01/23/2017
Date

If signing on behalf of an entity:
Stephanie Boehm, Assistant Secretary
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
CR2E045 (03/12)