@17000000067

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

Office Use Only



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2017 JUL 14 PK 4:50

K. SALY AUG - 4 2017

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Orlando Federal Credit Ur (Name of Alien Business C	Organization or Financial Institution)
Dear Sir or	Madam:	
	d Designation of Registered Age stitution and fee(s) are submitted	nt and Registered Office for Alien Business Organization or for filing.
Please retur	n all correspondence concerning	his matter to the following:
Thomas [Dobbs, CFO	
	(Name of Person)	
Orlando F	Federal Credit Union	
	(Firm/Company)	
1117 S. V	Vestmoreland Drive	
	(Address)	
Orlando,	FL 32805	
	(City/State and Zip Code)	
	information concerning this matte	
Cathy Joh	nnson, Exec. Secretary	407 835-3521
	(Name of Person)	(Area Code & Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for the following amou	nt:
■ \$35.00 F	iling Fee	☐ \$43.75 Filing Fee & Certified Copy

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES. THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Orlando Federal C				
	(Name of alien business organiz	zation or financial:	institution)	
2. State of Florida		59-1517872		
(State or country un	der which entity is organized)		(FEI Number, if applie	able)
4. 1117 S. Westmore	eland Drive, Orlando, FL 32	805		
· ·	(Principal off)	ice address)	•	100 100
5. Name and Florida Stre	et address of registered agent.			翌日日
	Thomas Dobbs, CFO			3500
	1117 S. Westmoreland (Drive		5. 5. F. 8.
	Orlando, FL 32805			10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
are identical. 7. Mydane	Herefler Past	dest/Cl	- 7	
8. Suzanne Weinstei				
9. Signature of registered	(Name and capacity of person dagent: ////////////////////////////////////	signing in number	7 above)	
1 hereby accept the appe 607.0505 or 655.0201. Fi	ointment as registered agent. 1 lorida Statutes.	am familiar wi	th and accept the of	bligations of section
Thomas Dobbs, CFC			6/29/20	2/7
(Registered agent a	ecepting appointment)		(Date)	

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS80 (7/16)