

F07000003767

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 AM 11:14

R.A.

JUN -1 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantic Coast Financial Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F07000003767

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:

Scott Hubacher, Treasurer  
Name of Contact Person

Atlantic Coast Bank  
Firm/Company

10151 Deerwood Park Blvd. Bldg 200 Suite 100  
Address

Jacksonville, FL 32256  
City/State and Zip Code

hubachers@atlanticcoastbank.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Hubacher at ( 904 ) 998-5523  
Name of Contact Person 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

**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Atlantic Coast Financial Corporation
2. The principal office address: 10151 Deerwood Park Blvd. Bldg. 200, Suite 100  
Jacksonville, FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2000 Document number: F07000003767

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)

Atlantic Coast Bank  
12724 Gran Bay Parkway West  
Jacksonville, FL 32258

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Atlantic Coast Bank  
10151 Deerwood Park Blvd. Bldg. 200 Suite 100  
P.O. Box NOT acceptable  
Jacksonville, FL 32256

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.

Thomas B. Wagers Sr  
Signature of an officer or director

Thomas B. Wagers, Sr. CFO  
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.*

Scott Hubacher  
Signature of Registered Agent

5/25/12  
Date

If signing on behalf of an entity:

SCOTT HUBACHER TREASURER  
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)

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