

10/9/2017

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 : (512)418-6949
Fax Number : (954)208-0845

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLUPE, SCOTT E. FLORIDA

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

Email Address: _____

SECRETARY OF STATE
KIMBERLY LAUGHREY
FLORENCE, FLORIDA

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REGISTERED AGENT CHANGE

CENTENNIAL BANK

Please use original
submission date of
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Certificate of Status	0
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OCT 10 2017

R. WHITE

850-617-6381

10/9/2017 11:25:02 AM PAGE 1/001 Fax Server



October 9, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CENTENNIAL BANK
P.O. BOX 966
CONWAY, AR 72033

SUBJECT: CENTENNIAL BANK
REF: F08000005141

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Diane Cushing
Senior Section Administrator

FAX Aud. #: H17000262663
Letter Number: 417A00020318

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTENNIAL BANK

Name of Corporation

DOCUMENT NUMBER: F08000005141

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:

Charity Kemp

Name of Contact Person

Centennial Bank

Firm/Company

719 Harkrider St

Address

Conway AR 72032

City/State and Zip Code

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

For further information concerning this matter, please call:

Charity Kemp

at (501) 328-4868

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

1. The name of the corporation: CENTENNIAL BANK
2. The principal office address: 620 CHESTNUT STREET CONWAY, AR 72032
3. The mailing address (if different): P.O. BOX 966 CONWAY, AR 72033
4. Date of incorporation/qualification: _____ Document number: _____
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)

Teresa Condas

11290 OVERSEAS HIGHWAY

MARATHON, FL 33050

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

C T Corporation System

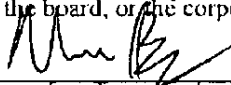
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

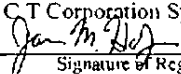
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Max Bode POA

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 of Registered Agent

10/04/2017

Date

If signing on behalf of an entity:

James M. Halpin

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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