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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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 CFG COMMUNITY BANK

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2023 DEC -6 AM 9: 39

COVER LETTER

TO:

Amendment Section **Division of Corporations**

15129570210

SUBJECT: CFG COMMUNITY	'BANK
Name of Corporation	
DOCUMENT NUMBER: F1200000154	49
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Lori Whalen	
Name of Contact Person	20
Registered Agent Solutions, Inc.	2023 DEC -6
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	ASSET 2
City/State and Zip Code	AM 9: 39
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please of	call:
Lori Whalen	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Factor of it is \$25.00 about made namely to the Depart	towns of Ctata

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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0; nge is submitted for a corpo r to change its registered off	ration organized unde	er the lay	ws of the State of	Maryland	
1. The name of t	the corporation: CFG Cooffice address: 1422 Cl	OMMUNITY BA	NK			<u>)9</u>
	ddress (if different):					
4. Date of incorp	poration/qualification: 4/11	1/2012 _{Do}	cument i	number: <u>F1200</u>	00001549	
	I street address of the current tment of State: (If resigned,		registere	ed office on file w	vith the	
·	TRAC - THE REC	SISTERED AGI	ENT C	COMPANY		
	236 E.6th Avenue	· · · · · · · · · · · · · · · · · · ·		· ··-		
	Tallahassee		FL	32303	_	~3
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						
	2894 Remington Green Ln. Ste. A					
	Tallahassee	P.O. Box NOT accep	32308	8	7	9: 39
The street addre	ess of its registered office ar be identical.	nd the street address of	of the bu	siness office of	its registered	agent,
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted by its be has been notified in	oard of o	directors or by ar of the change.	n officer so	
	s/ Jaclyn Wright		Jaclyn Wright		Authorized Person	
hereby accept further agree to f my duties, and document is bei	the appointment as register the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a been notified in writing of	ns of all statutes relat scept the obligation of change in the register	o act in	this capacity, this capacity, te proper and co tition as register, te address, I here		mance if this at the
Ма	ملك موهم	12/6/	/2023			
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	r, Assistant Secretary					
r ₂	yped or Printed Name	FILING FEE: \$35.0	0 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)