

FL2000002245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

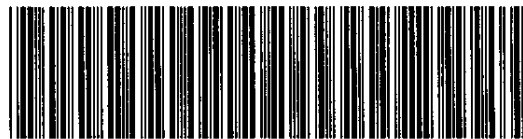
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
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MAY 13 2015

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** First Independence Bank  
Name of Corporation

**DOCUMENT NUMBER:** F12000002245

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:

Rebecca Hanson

Name of Contact Person

Quik Filings, LLC

Firm/Company

7855 Reindeer St

Address

Portage, MI 49002

City/State and Zip Code

rhanson@quikfilings.com

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

For further information concerning this matter, please call:

Rebecca Hanson

Name of Contact Person

at ( 269 ) 743-4201

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

1. The name of the corporation: First Independence Bank
2. The principal office address: 44 Michigan Avenue  
Detroit, MI 48226
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/25/2012 Document number: F12000002245

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)

Business Filings Incorporated

515 E Park Ave

Tallahassee, FL 32301

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

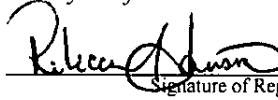


Signature of an officer or director

Jim Wickham, President - Mtg Div.

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.*



Signature of Registered Agent

04/17/2014

Date

If signing on behalf of an entity:

Rebecca Hanson, attorney-in-fact for InCorp Services, Inc.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

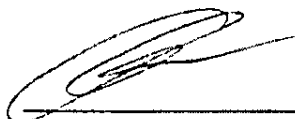
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Rebecca Hanson and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

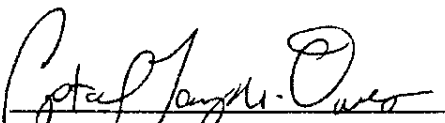
Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Quik Filings, LLC have purchased agent service on through their account with InCorp Services, Inc.

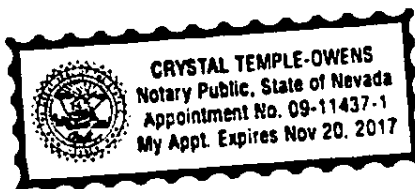
**TERMINATION:** Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2014.

  
\_\_\_\_\_  
Aurora Murtey, Secretary

Dated: March 11, 2014

Signed in my presence this the 11<sup>th</sup> day of March 2014 by Aurora Murtey, State of Nevada,  
County of Clark

  
\_\_\_\_\_  
Notary Public in the State of Nevada



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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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