F24000002109

(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:			





600436979316

10/01/24--01021--019 **105.00

24 GCT - 1 PM 12: 04

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: BAYFIRST NATIONAL BANK
Name	of Corporation
DOC	UMENT NUMBER: F24000002109
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Chelosi	ina Ahrens
-	of Contact Person
	nd Pearlman. P.A.
-	Company
	Care Drive, STE 203
Addre	
Tallah	assee. FL 32301
City/S	state and Zip Code
_	Christina.Ahrens@IglerLaw.com
E-ma	il address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Christi	Name of Contact Person at (850)878-2411 Name of Contact Person Area Code & Daytime Telephone Number
	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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation org	canized under the laws of the State of DC istered agent, or both, in the State of Florida.
1. The name of	the corporation: BAYFIRST NATIONAL Office address: 700 CENTRAL AVENU	AL BANK
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 04/18/2024	Document number: F24000002109
	d street address of the current registere urtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	BRISCOE, LYNN	gned) 24 OCT - T
	200 OF 1770 AT A MENTILE	
	CT DETERCRIBE DI 22701	
6. The name and (if changed):		gent (if changed) and /or registered office
	McKIM, SCOTT	
	700 CENTRAL AVENUE	-
	P.O.	Box NOT acceptable
	ST. PETERSBURG, FL 33701	
The street address changed will	ess of its registered office and the stre l be identical.	et address of the business office of its registered agent,
Such change was authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Min.	0	Scott McKim, CFO
, ,	the appointment as registered agent to comply with the provisions of all sind I am familiar with and accept the oing filed merely to reflect a change in is been notified in writing of this change	atules relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the second
		9 73 2024
)	mature of Registered Agent	Date
	ehalf of an entity:	
Scott McKim	Typed or Printed Name	
,	Abor at a conservation	

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

COVER LETTER

TO:	Amendment Section Division of Corporations	
	CT: BAYFIRST NATIONAL BANK	
SUBJE	CT: Corporation	
DOCU	MENT NUMBER: F24000002109	
	closed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
The en	closed Statement of Change of the this matter	er to the following:
Please	return all correspondence concerning this matter	
Christi	na Ahrens	
	of Contact Person	
Igler a	nd Pearlman, P.A.	
_	Company	
2457 (Care Drive, STE 203	
Addre	ess	
	hassee, FL 32301	
City/	State and Zip Code	
	Christing Ahrens@lglcrLaw.com	- crification)
E-ma	ail address: (to be used for future annual rep	port nonneation)
	further information concerning this matter, plea	ise call:
For	further information concerning this matter, passed	200 2411
Chri	stina Ahrens	at (850)878-2411 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone (Value)
Enc	losed is a \$35.00 check made payable to the De	epartment of State.
Litte	10000 10 11 00 00	
		Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallaliassee, the section	Tallahassee, FL 32303

CR2E045 (04/13)

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 DC 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
1. The name of the corporation: BAYFIRST NATIONAL BANK
1. The name of the corporation: BAYFIRST NATIONAL BANK 2. The principal office address: 700 CENTRAL AVENUE, ST PETERSBURG FL 33701
2. The mailing address (if different):
3. The mailing address (if different): 4. Date of incorporation/qualification: Document number: F24000002109
Date of incorporation quantitation. 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)
BRISCOE, LYNN
700 CENTRAL AVENUE
ST. PETERSBURG, FL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
McKIM, SCOTT
700 CENTRAL AVENUE P.O. Box NOT acceptable
et betersrurg FL 33701
The street address of its registered office and the street address of the business office of its registered agent,
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.
Scott McKim, CPU
I hereby accept the appointment as registered agent and agree to act in this capacity. 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 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 acceptance in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
9 73 70 24 Date
Signature of Registered Agent
If signing on behalf of an entity:
Scott McKim Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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