583027

(Requestor's Name)		
(Address)		
(Address)		
(C	city/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificat	es of Status
Special Instructions to Filing Officer:		
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STATE SET OF AN IO: 17

Designation of Reg. Agent



ACCOUNT NO . : 072100000032

AUTHGÉIZATION

COST LIMIT

ORDER DATE: August 8, 2006

ORDER TIME : 2:43 PM

ORDER NO. : 297711-010

CUSTOMER NO: 7475552

NAME: FIRST COAST COMMUNITY BANK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER: _____

DESIGNATION OF REGISTERED AGENT FOR STATE CHARTERED BANKS

Pursuant to the provisions of section 655.0201, Florida Statutes, this bank designates the a Registered Agent as follows:

1. The name of the bank:

FIRST COAST COMMUNITY BANK

2. The principal address:

1750 SOUTH 14TH STREET

FERNANDINA BEACH, FL 32034

3. Florida document number:

J83027

4. Registered Agent's Name:

CORPORATION SERVICE COMPANY

5. Registered Agent's Address:

1201 HAYS STREET

TALLAHASSEE, FL 32301

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.

If signing on behalf of an entity:

Lynette Coleman as its agent

(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