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SALI ABASSEL FLORDA

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BAYFIRST FINANCIAL CORP Name of Corporation				
DOCUMENT NUMBER: P00000062071				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:			
Christina Ahrens				
Name of Contact Person				
Igler and Pearlman, P.A.				
Firm/Company				
2457 Care Drive. STE 203				
Address				
Tallahassee, FL 32301				
City/State and Zip Code				
Christina.Ahrens@lglerLaw.o	com			
E-mail address: (to be used for future annual	l report notification)			
For further information concerning this matter, p	please call:			
Christina Ahrens	at (850)878-2411			
Name of Contact Person	at (850)878-2411 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section.			
Division of Corporations	Amendment Section. Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	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 ch	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, It hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida	
1. The name of	f the corporation: BAYFIRST FINANCIAL CORP al office address: 700 CENTRAL AVENUE, ST PETERSBURG FL 33701	
z. The principal	at office address.	
3. The mailing i	address (if different):	
4. Date of incor	erporation/qualification: 05/10/2021 Document number: P00000062071	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	BRISCOE, JOYCE LYNN	
	700 CENTRAL AVENUE	_
	ST. PETERSBURG, FL 33701)) ,
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office:	
	McKIM, SCOTT	2
	700 CENTRAL AVENUE	₽
	P.O. Box NOT acceptable	
	ST. PETERSBURG, FL 33701	
The street address changed will	ress of its registered office and the street address of the business office of its registered libe identical.	d agent,
Such thange was	yas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
MA	Scott McKim, CFO	
Signatu	hire of an officer of director Printed of typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. On the proper and accept the obligation of my position as registered agent. On the property to reflect a change in the registered office address, I hereby confirm to be a property of this change.	formance Or, if this that the
(<u></u> (<u></u> Si₂̄	gnature of Registered Agent Date	
_	chalf of an entity:	
Scott McKim, C.	CFO	
Ť	Typed or Printed Name	

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

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BAYFIRST FINANCIAL CORP Name of Corporation	
DOCUMENT NUMBER: P00000062071	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Christina Ahrens	
Name of Contact Person	
Igler and Pearlman, P.A.	
Firm/Company	
2457 Care Drive, STE 203	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
Christina.Ahrens@lglerLaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Christina Ahrens	at (850)878-2411
Name of Contact Person	at (850) 878-2411 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	hange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statute anized under the laws of the State of Florida stered agent, or both, in the State of Florida	ı <u>.</u> .		
		,	-		
1. The name of the corporation: BAYFIRST FINANCIAL CORP 2. The principal office address: 700 CENTRAL AVENUE, ST PETERSBURG FL 33701					
3. The mailing	address (if different):				
4. Date of inco		Document number: P00000062071	- 		
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)			
	BRISCOE, JOYCE LYNN				
	700 CENTRAL AVENUE				
	ST. PETERSBURG, FL 33701				
6. The name ar (if changed):	nd street address of the new registered ag	ent (if changed) and /or registered office			
	McKIM, SCOTT				
	700 CENTRAL AVENUE				
	P.O. B ST. PETERSBURG, FL 33701	ox NOT acceptable			
The street addi	ress of its registered office and the stree	address of the business office of its regis	stered agent,		
Such change wanthorized by	yas authorized by resolution duly adopt the board, or the corporation has been n	ed by its board of directors or by an office of the change.	r so		
Jr.		Scott McKim, CFO			
\)-	प्रिंट की का विभारतों के साम्हर्यकों	Printed of typed name and fitte			
l hereby accep I further agree of my duties, a document is be corporation ha	of the appointment as registered agent a to comply with the provisions of all stand and I am familiar with and accept the ob wing filed merely to reflect a change in t is been notified in writing of this chang	nd agree to act in this capacity, tutes relative to the proper and complete ligation of my position as registered agen he registered office address, I hereby conj e.	performance 1. Or if this firm that the		
-\\\\-\\\\-\\\\\-\\\\\\\\\\\\\\\\\\\\\	greature of Registered Agent	9 23 202 4 Date			
f signing on b	ehalf of an entity:		-		
Scott McKim, C	CFO				
	Typed or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

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