

B/0000/00765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida State Bank
Name of Corporation

DOCUMENT NUMBER: #1107

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:

E. Eugene Phinney
Name of Contact Person

Central Florida State Bank
Firm/Company

11800 Southeast US Hwy 441
Address

Belleview, Florida 34420
City/State and Zip Code

gene@cf1sb.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. Eugene Phinney at (352) 347-4800
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

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

1. The name of the corporation: Central Florida State Bank
2. The principal office address: 11800 SE US Highway 444,
Belleview, Florida 34420
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 24, 2002 Document number: #1107
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)

None

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

Frank C. Amatea

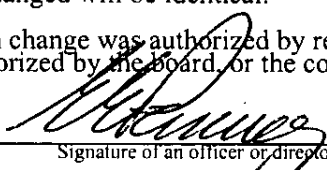
500 NE 8th Avenue

P.O. Box NOT acceptable

Ocala, Florida 34470-5345

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

E. Eugene Phinney, President
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

3/28/11
Date

If signing on behalf of an entity:

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