

P06000033012

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

7/27/2016

DATE OF SUBMISSION 7/27

**REGISTERED AGENT CHANGE
MFB FINANCIAL TPA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

27th

PA Change

7/28/2016 10:28:56 AM From: To: 8506176380(2/4)
850-617-6381 7/28/2016 9:48:38 AM PAGE 1/001 Fax Server



July 28, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MFB FINANCIAL TPA, INC.
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 210
ST. AUGUSTINE, FL 32080

SUBJECT: MFB FINANCIAL TPA, INC.
REF: P06000033012

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000180456
Letter Number: 616A00015825

RECEIVED

16 JUL 28 AM 10:31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

RECEIVED
CLERK OF SUPERIOR COURT
7/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MFB FINANCIAL TPA, INC.

Name of Corporation

DOCUMENT NUMBER: P06000033012

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:

Daniel Yi

Name of Contact Person

NFP

Firm/Company

340 Madison Avenue, 20th Floor

Address

New York, NY 10173

City/State and Zip Code

dhrankaj@nfp.com

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

For further information concerning this matter, please call:

Daniel Yi

Name of Contact Person

at (212) 301-4000

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

CR2ED45 (03/12)

**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: MFB FINANCIAL TPA, INC.
2. The principal office address: 1200 PLANTATION ISLAND DRIVE SOUTH, SUITE 210
ST. AUGUSTINE, FL 32080
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/06/2006 Document number: P06000033012

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)

BAILEY, MARK F

1200 PLANTATION ISLAND DRIVE SOUTH, SUITE 210

ST. AUGUSTINE, FL 32080

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Veronica Moo, Vice 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.

C T Corporation System

By: Connie Burch

Signature of Registered Agent

7/27/2016

Date

If signing on behalf of an entity:

Connie Burch

Typed or Printed Name

Registered Secretary

FILING FEE: \$35.00 ***

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

CR2E045 (03/12)