## P07000104706

(Requestor's Name)						
(Address)						
(Address)						
, ,						
(City/State/Zip/Phone #)						
(Only/State/Elph Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
e e						
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ALLAHASSEE FLORIDA

RAChange Thereis 4.11-11



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2011

MARGARET M. MORR JEFFERSON BANK OF FLORIDA 3711 TAMPA ROAD OLDSMAR, FL 34677

SUBJECT: JEFFERSON BANK OF FLORIDA

Ref. Number: P07000104706

We have received your document for JEFFERSON BANK OF FLORIDA and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation, the document submitted are for a Florida limited liability company. The correct form is enclosed, please complete and return to this office for processing.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00007860

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Sec Division of Cor		
SUBJECT:	Jefferson Bank o	
	Name of Cor	poration
DOCUMENT NUMBE	P0700	00104706
The enclosed Statement	of Change of Registered Office//	Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to	the following:
	3	
	Margaret I	M. Orr
	Name of Conta	ict Person
	Jefferson Bank	
	Firm/Com	pany
	3711 Tampa	a Road
	Addres	es .
	Oldsmar, FL	34677
	City/State and	Zip Code
	Morr@ loffornonD	ankEl aam
E-m	Morr@JeffersonB ail address: (to be used for futu	
		are amilian report meantean
For further information of	concerning this matter, please call	<b>:</b>
Kell	y Denesha	at ( 813 ) 749.2789
	Contact Person	at ( 813 ) 749.2789  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Departme	ent of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Florid	da	_	
	he corporation: <b>Jeffer</b>		Ū	e oj rioriad	<i>i.</i>		
	office address: 3711 T						
z. The principal	office address.	arripa rioda, ore					
3. The mailing a	ddress (if different): Sal	me				<del></del>	
4. Date of incorp	oration/qualification:	9/20/2007	Document number:	P0700	010470	6	
	street address of the cur tment of State: (If resign		and registered office on fi	le with the			
	Chief Financial Off	icer			<b>4.</b> .		
	200 E. Gaines Stre	et / PO Box 620	0		SECR		
	Tallahassee, FL 3	2399			ETAR HASS	APR -8	F
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or registere	ed office		AH 9: 08	רכ
	Margaret M. Orr, C	FO	· · · · · · · · · · · · · · · · · · ·		RIDA	80	
	Jefferson Bank of F						
	0744 T	P.O. Box NOT acc					
	3711 Tampa Road,	<del></del>					
The street address changed will	ss of its registered offic be identical.	e and the street add	ress of the business office	of its regis	stered ager	nt,	
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifie	its board of directors or bed in writing of the change	y an office	er so		
Signature	e of an officer or director		Robert B. McGivney,		an/CEO	_	
I hereby accept if a further agree to of my duties, and document is being corporation has	the appointment as regi o comply with the provi of I am familiar with and no filed merely to reflect been notified in writing	stered agent and ag sions of all statutes I accept the obligat t a change in the re t of this change.	gree to act in this capacity relative to the proper and ion of my position as regis gistered office address, Ti	, d complete stered ager hereby con	performar it. Or, if ti firm that ti	ıce his he	
Marga	it m. C	<u></u>	4/5/201	11			
	ature of Registered Agent		Date				
If signing on bel							
	garet M. Orr, CFO ped or Printed Name						

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